



Maryland Police and Correctional Training Commissions

Registration Form

Public Safety Education and Training Center, 6852 4th Street, Sykesville, MD 21784

Phone - (410) 875-3515

Fax - (410) 875-3511

PROGRAM NAME: Promoting Positive Interpersonal Communication for Public Safety Professionals

PROGRAM DATE/TIME: February 25, 2010/ 9:00am - 3:30pm

PROGRAM LOCATION: Sykesville, MD

PROGRAM COST: \$25

CLOSING DATE: February 11, 2010

DESCRIPTION: Uniforms are meant to be worn with pride (law enforcement, corrections, military), yet they also sometimes turn the wearer's into targets. One of the ways in which professionals in uniforms become targets is the belief that the general public holds that an officer will speak to individuals in a manner that is considered demeaning or disparaging. Consider the officer who has just issued a citation to someone who was doing 60 MPH in an active school zone. The officer may have dispersed a stern warning to go along with the citation and 10 minutes later the officer's supervisor receives a phone call from the recipient of the citation stating that the officer was unprofessional. Consider the corrections officer who stops contraband from being brought into a facility through a diaper and the complaints of the child's guardian about the "nerve of that officer for looking in the child's diaper." Every now and then we can use a refresher in interpersonal relations. Consider this six-hour course to be the litmus test for measuring your interpersonal skills.

STUDENT NAME: _____ Certification Number: _____

Agency Name: _____

Agency Address: _____

City: _____ County: _____ State: _____ Zip: _____

Training Coordinator/Designee: _____ Email _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Emergency Contact Number for Student*: (____) _____ - _____

*Will only be used if the course is being cancelled within 72 hours of the scheduled date.

Students will be notified of their status (Registered or Wait List) within five business days of the closing date using the email or contact number provided.

By signing below, I certify that the information above is true and correct. I also acknowledge that my agency may be billed for the training in the event that I (or my designee) fail to cancel the participant's training, in writing, within 72 hours of the initial date of the training.

Signature Department/Agency Head** Printed Name Date

**This form must be signed by the Agency Head or his/her designee.

PAYMENT INFORMATION: Registration Fee - \$ _____ NON-REFUNDABLE

Check or Money Order (Payable to MPCTC)

Purchase Order Number: _____

Name of Fiscal Officer/Designee _____ Phone (____) _____

Email _____

R*STARS transfers for STATE agencies codes: Q00, PCA 27119 AOBJ 0302, TC 430

Name of Fiscal Officer/Designee _____ Phone (____) _____

Email _____

- Credit Card: Please include the MPCTC Credit Form with this registration. This form is available at www.mdle.net, under the heading Training Programs and Forms
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