


L.E.A.D. Training Registration Form–Connecticut

<input type="checkbox"/> Enrollment Number	L.E.A.D. Administrative Details: <input type="checkbox"/> Payment Received Certification#
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<p>send this form and payment to:</p>  <p>L.E.A.D. 5 South Main Street Allentown, NJ 08501 609-259-2500 609-228-6649 (fax) www.LEADrugs.org</p>	<p>Instructions: Type or print legibly and complete all information requested. L.E.A.D. will confirm placement on the training roster, provide you with an enrollment number and other important details before scheduled training.</p>
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Last Name:	First Name:	MI:	Rank or Title:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Police Agency:	County:	Phone (Attendee):		
Agency Address:	City:	State:	Zip:	
Agency Phone:	Agency:	E-Mail (Attendee):		
Supervisor's (Contact) Name/Email:		Phone:		

TYPE OF TRAINING	COST	PREREQUISITES TO ATTEND COURSE
<input type="checkbox"/> L.E.A.D. Instructor Training – Please circle which grade you will be teaching K 1 2 3 4 5 6 7 8	\$350	Two years' experience as a police officer. In special circumstances, a waiver may be obtained. Contact: L.E.A.D. – (609) 259-2500
<input type="checkbox"/> K-8 th Grade or HS TGFDF Training Please circle which grade you are teaching K 1 2 3 4 5 6 7 8 HS	\$150	Prior Certification in other Drug and Violence Prevention Programs, SRO, or Teacher Certification.
<input type="checkbox"/> ON THE STREET(OTS) Training Please circle online or in person	\$50	Open to all Law Enforcement Officers

To Be Completed by Officers Certified in another Program, Curricula, or Degree Only:

Certified in What Program(Please List) _____

Teaching Degree(Please List) _____

Date appointed to police agency: ____ / ____ / ____

I have at least 2 years' experience as a police officer. I will need to apply for a waiver.

PAYMENT METHOD:

<input type="checkbox"/> Voucher/Purchase Order	<input type="checkbox"/> Check L.E.A.D.	<input type="checkbox"/> Credit Card#: _____ Exp. Date: _____ CDC#: _____ Billing Address: _____
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No Show Policy: Cancellations must be received within 48 hours of training. Any cancellations received after that will be charged a \$100 Administrative Fee

TRAINING LOCATION & DATE:	Date: _____ Applicant's Signature: _____ Supervisor's Signature: _____
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