

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

Enrollment Number

L.E.A.D. Administrative Details:

Payment Received Certification#

send this form and payment to:



L.E.A.D.
5 South Main Street
Allentown, NJ 08501
 609-259-2500
 609-228-6649 (fax)
 www.LEADrugs.org

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.

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: _____

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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