

# L.E.A.D. Training Registration Form–Massachusetts

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	<b>\$350</b>	Two years' experience as a police officer. In special circumstances, a waiver may be obtained. <b>Contact: L.E.A.D. – (609) 259-2500</b>
<input type="checkbox"/> K-8 <sup>th</sup> Grade or HS TGF D Training Please circle which grade you are teaching K 1 2 3 4 5 6 7 8 HS	<b>\$150</b>	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	<b>\$50</b>	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**

<b>TRAINING LOCATION &amp; DATE:</b>	<b>Date:</b> _____ <b>Applicant's Signature:</b> _____ <b>Supervisor's Signature:</b> _____
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