
Council on Law Enforcement Education and Training ACCREDITED TRAINING COURSE ROSTER

Accredited Course Number: ____

COURSE TITLE:	TRAINING HOURS:		
AGENCY PROVIDING TRAINING:			
INSTRUCTOR(s):			
TRAINING LOCATION (City/Town):	DATES OF TRAINING:		

CLEET Number	Officers Name (Last, First, MI)	Department	Signature
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INSTRUCTORS SIGNATURE:

By signing my name below, I certify under penalty of perjury that there are no willful misrepresentations, omissions or falsifications in the information provided on this form.

Signature of Lead Instructor

Date