Council on Law Enforcement Education and Training
ACCREDITED TRAINING COURSE ROSTER

Officers Name (Last, First, MI): _____ CLEET NUMBER:_____

TOTAL TRAINING HOURS:_____

Signature(s): _____

TRAINING LOCATION (City/Town): _____

CLEET CATALOG Number	COURSE TITLE/NAME	COURSE HOURS	COURSE MENTAL HEALTH HOURS	Instructor or e-learning contact

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