

Illinois Law Enforcement Training and Standards Board

4500 South Sixth Street Rd. * Room 173 * Springfield, IL * 62703-6617

Phone: 217/782-4540 * Fax: 217/524-5350 * www.ptb.state.il.us

Compliance with Public Act 94-354

Annual Police Chief and Deputy Police Chief Training - 20 Hours

Annual Training Reporting Form for **Calendar Year** _____.

(Fill In Year)

The training mandate must be completed on a **calendar year, January 1 to December 31 annually**. It is the responsibility of the law enforcement agency to submit the completed form to the Board office certifying training **by the end of the calendar year**.

Name: _____ Telephone No: _____

Title: _____ Email: _____

Agency: _____

Pre-Approved Course Sponsors:

Mobile Team In-Service Training
Illinois Executive Institute
ILETSB
ILETSB Certified Academies
Illinois Assoc. of Chiefs of Police
CALEA
Chicago Police Department
Cook County Sheriff's Office
COPS
Critical Incident/NIMS
IL Dept. Of Defense
IL Dept. Of Homeland Security
DuPage County Sheriff's Office
FBI
FEMA
ILEAS

IL Department of Corrections
IL Emergency Management Agency
IL Attorney General's Office
IL Fire Service Institute
IL Secretary of State's Office
Illinois State Police
Natl Ctr for Missing & Exploited Children
NOBLE
IL Office of Inspector General
PERF
U.S. Attorney's Office
U.S. Dept. of Homeland Security
U.S. Dept. of Justice
U.S. Secret Service
IRMA

Note: All training courses attended must relate to law enforcement, management or executive development, or ethics as required by Public Act 94-354 (this applies to all courses, including courses delivered by a pre-approved sponsor).

List the approved course(s) or conference(s) attended: Give course title, dates attended, sponsoring agency and number of hours completed. If additional room is needed, please run copies of this form, complete and sign.

Pre-Approved Sponsor List Course:

Course Sponsor: _____

Course Title: _____ Dates Attended: _____

Sponsoring Agency: _____ Hours Completed: _____

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Pre-Approved Sponsor List Course:

Course Sponsor: _____

Course Title: _____ Dates Attended: _____

Sponsoring Agency: _____ Hours Completed: _____

Pre-Approved Sponsor List Course:

Course Sponsor: _____

Course Title: _____ Dates Attended: _____

Sponsoring Agency: _____ Hours Completed: _____

*** Other Course(s):** Note - Courses under this area must be submitted to and approved by the Board office to meet required training hours, see instructions.

Course Title: _____ Dates Attended: _____

Sponsoring Agency: _____ Hours Completed: _____

***Instructions:** Attendance at a course or conference delivered by a sponsor **that is not listed above as a pre-approved sponsor** does not automatically qualify as training credit hours. For approval, please send pertinent supporting documentation such as the agenda, schedule information, and a course synopsis to the Board office.

Total number of course training hours completed in calendar year: _____

Note: It is your responsibility to keep training attendance records, certificates of completion, or any documentation from course attendance for audit purposes.

I certify that the information contained herein is true and complete to the best of my knowledge.

Signature of Applicant

Date