

**FORM FOR CHIEF'S AND OIC'S TO FILL OUT FOR THEIR OFFICERS INTERESTED IN CIT  
TRAINING**

*( confirms the Chief's or OIC's support of program)*

**Pre-Registration for Crisis Intervention Team (CIT) Training**

March 2<sup>nd</sup> -6<sup>th</sup>, 2015

NAME OF POLICE DEPT. OR CORRECTIONS INST. \_\_\_\_\_

DEPT. ADDRESS & PHONE#: \_\_\_\_\_

CHIEF OR OFFICER IN CHARGE \_\_\_\_\_

SIGNATURE OF CHIEF OR OIC \_\_\_\_\_

**PLEASE LIST OFFICERS PRE-REGISTERING FOR TRAINING: \*NOTE: OFFICERS WILL BE NOTIFIED TO  
ARRANGE AN INTERVIEW TIME, AND WILL BE NOTIFIED OF THEIR SELECTION FOR TRAINING WITHIN A  
WEEK OF THE INTERVIEW.**

1. OFFICER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE/CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

2. OFFICER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE/CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

3. OFFICER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE/CELL; \_\_\_\_\_

EMAIL: \_\_\_\_\_

4. OFFICER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE/CELL; \_\_\_\_\_

EMAIL: \_\_\_\_\_

**RETURN FORM BY FAX OR MAIL BY** \_\_\_\_\_

**FAX #**

**NAME**