



# LAW ENFORCEMENT TRAINING ROSTER

State Form 46167 (R3 / 03-26)

Law Enforcement Training Board/ Indiana Law Enforcement Academy

*Please type or print clearly.*

Name of provider or instructor:		Telephone number (      )	
Location of training:		Name of contact person at training site:	
Title of course:		E-mail address of primary instructor:	
Training Category: <input type="checkbox"/> De-escalation <input type="checkbox"/> EVO <input type="checkbox"/> Firearms <input type="checkbox"/> General In-service <input type="checkbox"/> Mandated <input type="checkbox"/> PT/DT/Use of Force <input type="checkbox"/> Other:			
Signature of instructor: <i>(I affirm the information contained herein is complete and accurate to the best of my knowledge.)</i>		Printed name of instructor:	Date signed: (MM/DD/YY)
Date of training: (MM/DD/YY) From                      to	Instructor/Provider #:	Course Number:	In-service credit hours:

PSID Number (Public Safety ID #)	Name: (Last, First)	Department:	Completed: (Y/N)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

If multiple instructors, complete the following. Use reverse side or attachment if additional instructors.

Instructor name:	Instructor Number:	Total time instructed:	Signature:
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