

Illinois Law Enforcement Training and Standards Board

4500 South Sixth Street Road* Room 173 * Springfield, IL * 62703
Phone: 217/782-4540 * Fax: 217/524-5350 * www.ptb.state.il.us

Compliance with Public Act 88-586

Annual Sheriffs 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	IL Department of Corrections
Illinois Executive Institute	IL Emergency Management Agency
ILETSB	IL Attorney General's Office
ILETSB Certified Academies	IL Fire Service Institute
Illinois Assoc. of Chiefs of Police	IL Secretary of State's Office
CALEA	Illinois State Police
Chicago Police Department	Natl Ctr for Missing & Exploited Children
Cook County Sheriff's Office	NOBLE
COPS	IL Office of Inspector General
Critical Incident/NIMS	PERF
IL Dept. Of Defense	U.S. Attorney's Office
IL Dept. Of Homeland Security	U.S. Dept. of Homeland Security
DuPage County Sheriff's Office	U.S. Dept. of Justice
FBI	U.S. Secret Service
FEMA	IRMA
ILEAS	Illinois Sheriffs Association

Note: All training courses attended must relate to law enforcement, management or executive development, or ethics as required by Public Act 88-586 (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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Course Sponsor: _____

Course Title: _____ Dates Attended: _____

Sponsoring Agency: _____ Hours Completed: _____

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*** 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: _____

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***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.

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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