

**Illinois Law Enforcement Training and Standards Board**

4500 South Sixth Street Road \* Suite 173 \* Springfield, IL \* 62703-6617

Phone: 217/782-4540 \* Fax: 217/524-5350 \* [www.ptb.state.il.us](http://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     | IL Department of Corrections              |
| Illinois Executive Institute        | IL Attorney General's Office              |
| ILETSB Certified Course             | IL Secretary of State's Office            |
| ILETSB Certified Academies          | Illinois Sheriff's Association            |
| Illinois Assoc. of Chiefs of Police | Illinois State Police                     |
| Chicago Police Department           | Natl Ctr for Missing & Exploited Children |
| Cook County Sheriff's Office        | U.S. Attorney's Office                    |
| Critical Incident/NIMS              | U.S. Dept. of Homeland Security           |
| IL Dept. Of Homeland Security       | U.S. Dept. of Justice                     |
| DuPage County Sheriff's Office      | U.S. Secret Service                       |
| FBI                                 |   |

**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: \_\_\_\_\_

**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**Pre-Approved Sponsor List Course:**

Course Sponsor: \_\_\_\_\_

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