



**(04/2023) Illinois Law Enforcement Training and Standards Board**

500 S. 9<sup>th</sup> Street - Springfield, Illinois 62701-1924 - Telephone: (217) 782-4540

[www.ptb.illinois.gov](http://www.ptb.illinois.gov)

Send to: [PTB.Applications@illinois.gov](mailto:PTB.Applications@illinois.gov)

Compliance with Public Act 94-354

**Annual Sheriff 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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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  
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: \_\_\_\_\_

**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.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
PTB ID

\_\_\_\_\_  
Date