

Illinois Law Enforcement Training and Standards Board

JB Pritzker, Governor Keith Calloway, Executive Director Phone: 217/782-4540 Fax: 217/524-5350 TDD: 866-740-3933

Lead Homicide Investigator Recertification Form

Please type or print legibly
Failure to provide all requested information could lead to delay in processing

Investigator Name:	ate)
LHI Initial Certification Date:	PTB ID:
Law Enforcement Agency:	
Point of Contact Email:	
Point of Contact Phone Number:	
Address:	
City, Zip Code:	
I certify that the information contained herein is true and comple	ete to the best of my knowledge.
Signature of Chief Law Enforcement Officer	Date

NOTE: A list of approved training courses/conference for Lead Homicide Investigator Recertification Training can be found on the Training Board website. It is the responsibility of the agency to document and maintain all Lead Homicide Investigator recertification training documents to include certificates and other training materials which demonstrates compliance with for audit purposes.

Attach a copy of the training certificates for all applicable courses attended.

Scanned, electronic documents are the preferred method of submission. E-mailed documents should be sent to ptb.applications@illinois.gov.

Lead Homicide Investigator Recertification Training

Provide name of MTU, association, or organization conducting the course, course title, location, dates, and number of hours completed. Please attach copies of training certificates.

If you need additional space for training classes, please copy the next page as needed.

Incomplete documentation will cause the form to be returned to the agency for additional information.

Training organization/business/association:		
Location:	Date(s):	
Course title:		
Hours of training:		
Training organization/business/association:		
Location:	Date(s):	
Course title:		
Hours of training:		
Training organization/business/association:		
Location:	Date(s):	
Course title:		
Hours of training:		

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Lead Homicide Investigator Recertification Training

Training organization/business/association:		
Location:	Date(s):	
Course title:		
Hours of training:		
Training arganization (business (association)		
Training organization/business/association:		
Location:	Date(s):	
Course title:		
Hours of training:		
Training organization/business/association:		
Location:	Date(s):	
Course title:		
Hours of training:		
Training organization/business/association:		
Location:	Date(s):	
Course title:		
Hours of training:		

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