



Department of Public Safety Standards and Training
CENTER FOR POLICING EXCELLENCE
Course Registration Application

PLEASE NOTE: Some classes require supplemental documentation with the course application; please review the entire announcement before submitting your application.

Course Title _____

Location _____

Course Dates _____

DPSST # _____ Rank/Title _____
(DPSST # REQUIRED for all certified personnel)

Student Name _____

E-mail Address _____
(Notice of confirmation will be sent to this address)

E-mail Address #2 _____
(Copy of confirmation will be sent to this address)

Employing Agency _____

Discipline _____

Mailing Address _____ City/State/Zip _____

Office Phone _____ Ext. _____ Cell Phone _____

****NOTICE OF CONFIRMATION WILL TYPICALLY BE SENT WITHIN 5-7 BUSINESS DAYS****

SUPERVISOR'S SIGNATURE AUTHORIZING PARTICIPATION IS REQUIRED

Training coordinators and those who hold the rank of sergeant or higher may sign their own applications.

By signing below, I affirm that the applicant(s) listed on this registration application and any attached sheet(s) is/are approved by me to attend the training listed above.

Supervisor's Printed Name _____

Supervisor's Signature _____

Supervisor's Rank/Title _____

Date _____

E-Mail completed and signed form to: CPERequest@state.or.us

For more information on the Center for Policing Excellence, please visit our website at: <http://www.oregon.gov/DPSST/CPE/pages/index.aspx>