## COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING

## **ACCREDITED TRAINING COURSE ROSTER**

ACCREDITED COURSE NUMBER:  COURSE TITLE:			TOTAL HOURS  MENTAL HEALTH
COURSE IIILE:			HOURS
AGENCY PROVIDING TRAINING: TRAINING		DATE(C).	
LOCATION(City/Town):		DATE(S):	
Charles (Look First MI)			
Student (Last, First, MI) PRINT	CLEET#	Department	Signature
		•	
I am attesting to the attendance of these students to the course listed above.  Course Instructor			

Revised 12/09/2010

Signature

Name(PRINT):