

PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY  
CONSTABLES' EDUCATION AND TRAINING BOARD



## Training Enrollment Form 8-HOUR CONTINUING EDUCATION

**PLEASE NOTE: Print completed form, sign and date it, and FAX or MAIL DIRECTLY to the APPROPRIATE TRAINING DELIVERY CONTRACTOR. DO NOT SEND OR FAX TO PCCD.**

8-HOUR CONTINUING EDUCATION (CE)

FIRST CHOICE CLASS ID NUMBER:

				C	E	1	9
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LOCATION:

SECOND CHOICE CLASS ID NUMBER:

				C	E	1	9
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LOCATION:

NAME:

Last

First

MI

CERTIFICATION NUMBER:

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MAILING ADDRESS:

BUSINESS TELEPHONE:

BUSINESS FAX NUMBER:

EMAIL ADDRESS:

### APPLICANT'S UNDERSTANDING AND SIGNATURE

*I am, as of this date, an active Constable or Deputy Constable and eligible to take this training. Further, I will inform the training school of any changes in my status as a constable or deputy constable that may occur between now and the conclusion of the training program for which I am now registering. By signing my name below, I am stating that the information given on this enrollment form and the above affirmation is true and correct to the best of my knowledge.*

**Signature of Applicant**

**Date**