

# Illinois Law Enforcement Training and Standards Board

600 South Second Street \* Suite 300 \* Springfield, IL \* 62704  
Phone: 217/782-4540 \* Fax: 217/524-5350 \* [www.ptb.state.il.us](http://www.ptb.state.il.us)

Compliance with Public Act 94-354

## Annual Police Chief and Deputy Police Chief 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: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_

### Pre-Approved Course Sponsors:

Mobile Team In-Service Training	IL Department of Corrections
Illinois Executive Institute	IL Emergency Management Agency
ILETSB	IL Attorney General's Office
ILETSB Certified Academies	IL Fire Service Institute
Illinois Assoc. of Chiefs of Police	IL Secretary of State's Office
CALEA	Illinois State Police
Chicago Police Department	Natl Ctr for Missing & Exploited Children
Cook County Sheriff's Office	NOBLE
COPS	IL Office of Inspector General
Critical Incident/NIMS	PERF
IL Dept. Of Defense	U.S. Attorney's Office
IL Dept. Of Homeland Security	U.S. Dept. of Homeland Security
DuPage County Sheriff's Office	U.S. Dept. of Justice
FBI	U.S. Secret Service
FEMA	IRMA
ILEAS	

**Note: All training courses attended must relate to law enforcement, management or executive development, or ethics as required by Public Act 94-354 (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: \_\_\_\_\_

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**\* Other Course(s):** Note - Courses under this area must be submitted to and approved by the Board office to meet required training hours, see instructions.

Course Title: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

**\*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.

**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.**

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

\_\_\_\_\_  
Date