



Northwest Florida State College

Training Authorization for Advanced/Specialized Courses

(Paid by F.D.L.E. Trust Fund)

How to Register: Email this completed form to Katherine St. Onge, Criminal Justice Office Specialist I, stongek@nwfsc.edu. You will receive an email confirmation that you have been registered.

Officer Last Name: _____ First Name: _____

Officer Email: _____

Last 4 of Social Security # (for ATMS purposes): _____

Have you ever taken a class at NWF State College? (Including non-credit classes): Yes No

If yes Student I.D. #: _____

Course Title: _____

Course Number: XCJ _____ Course Reference Number (CRN): _____

Course Credit (Check one): Salary Incentive Mandatory Retraining*

*Once an officer has satisfied the mandatory requirement of a four year period, all other advanced/specialized/incentive courses **must be** for salary incentive.

Agency Name: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Printed Name: _____ Supervisor's Job Title: _____

** Required Fields*

* Last Name: _____ * First Name: _____ Middle/Maiden: _____

* Mailing Address: _____ * Phone Number: _____

* City: _____ * State: _____ * Zip Code: _____

* Date of Birth (mm/dd/yyyy): _____ * Gender: Male Female

Last 4 of Social Security #: _____

Agency: _____ Job Title: _____

CRN #	Title	Date(s)	Time	Fee

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