



ADVANCED/SPECIALIZED TRAINING  
AUTHORIZATION

Criminal Justice Institute  
3001 S.W. College Road  
Ocala, FL 34474-4415  
352-873-5838, ext. 1264

**Officer's Information**

Name: \_\_\_\_\_  
 Last First Middle Jr. etc.

Rank: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Agency Telephone No.: \_\_\_\_\_ Agency Email: \_\_\_\_\_

**Course Information**

Course Title: \_\_\_\_\_

Course Beginning Date: \_\_\_\_\_ Course Ending Date: \_\_\_\_\_

Course Will Be Used for:  Salary Incentive  Mandatory Requirement

**Agency Approval**

\_\_\_\_\_  
 Authorized Agency Signature Date (MM/DD/YY)

\_\_\_\_\_  
 Agency

**To be placed on the course list, return this completed form after receiving your agency's approval.**

Forms may be sent **by mail** to:  
 Kat Kelley, Criminal Justice Institute Coordinator, 3001 S.W. College Road Ocala, FL 34474 ([kellyk@cf.edu](mailto:kellyk@cf.edu))  
 or sent **via fax** to 352-873-5862.

<b>Training School Use Only</b>	
Course Sequence No.: _____	This officer has successfully completed this course.
_____ Training Center Director Signature	_____ Date (MM/DD/YY)