

**MARYLAND POLICE AND CORRECTIONAL TRAINING COMMISSIONS
CORRECTIONAL ENTRANCE LEVEL TRAINING PROGRAM-REGISTRATION FORM**

SUBMITTING INSTITUTION:			ADDRESS:			PHONE NO:	TRAINING CLASS:
AGENCY CODE:						FAX NO.:	DATE OF CLASS:
#	SOCIAL SECURITY #	DATE OF HIRE	LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH	CLASSIFICATION (RANK)
1							
2							
3							
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IN THE ABOVE SPACE(S), PLEASE ENTER INFORMATION FOR EACH CANDIDATE APPROVED. Checks payable to: Maryland Police and Correctional Training Commissions 6852 4th Street Sykesville, MD 21784 Attn: Finance Department Please indicate: _____ Credit Card _____ Last 4 Digits of Credit Card _____ Purchase Order _____ Purchase Order # _____ Check/Money Order				MY SIGNATURE SIGNIFY THE NAME(S) NOTED ABOVE RECEIVED A PHYSICAL EXAMINATION BY A LICENSED PHYSICIAN AND WAS DETERMINED PHYSICALLY ABLE TO PARTICIPATE IN THE CORRECTIONAL ENTRANCE LEVEL TRAINING PROGRAM, A "NATIONAL CRIMINAL INFORMATION CENTER (NCIC)" CHECK WAS ALSO COMPLETED FOR THE NAME(S) MENTIONED. SIGNATURE OF ACKNOWLEDGEMENT: _____ DATE: _____ PRINTED NAME: _____ PHONE NO: _____			