



**Purpose:** This form is to be utilized by individuals not associated with a department to submit their continuing education information during the renewal process.

**Date Received:** Reserved for agency use.  
**Date Approved:** Reserved for agency use.  
**Approved By:** Reserved for agency use.

**Personal Information:** Provide the pertinent information regarding the individual that the form is being submitted for.

**Training:**

**Date:** Date of the training.  
**Subject:** Subject of the training.  
**Department or Training Facility:** Name of the department or facility where the training was received.  
**Instructor Name:** The instructor who provided the training.  
**Instructor PIN:** The instructor's personal identification number assigned by the commission.  
**Hours:** Number of hours of training received not to exceed 4 hours.

**Individual's Signature:** Legal signature.

**Signature of Chief Training Officer or Instructor:** Legal signature of the officer charged with responsibility for the training program in an organization, or the instructor conducting the training.

**Date:** Date signed.