CJTC Form 219
Revised 08/11

Washington State Criminal Justice Training Commission
Leadership Application

PLEASE TYPE OR PRINT CLEARLY-LEAVE NO BLANK SPACES-ONLY COMPLETE APPLICATIONS WILL BE PROCESSED!

1. GENERAL INFORMATION-Applicant

Name: (Last)	(First)	(Middle)

Social Security Number: / /	Title/Rank: (please provide an organizational chart).	**Promotion Date**	☐ Male ☐ Female

Agency:	Agency Phone: / /	Agency Fax: / /

Agency Address:(Street, City, State, Zip)

Agency Billing address if different than above:

Number of Line Staff Supervised:	Number of Supervisors/ Managers Supervised:

THIS SECTION IS MANDATORY; Briefly Describe Your Duties and Responsibilities as a Supervisor or Manager:
(Section will auto fill as you type.)

2. COURSE INFORMATION

Course Title:	Course Number:	Has Applicant Previously Applied for this Course? ☐ Yes ☐ No
Location of Course:	Course Dates:	If Yes, When?

3. PREREQUISITES

Does the Above Course have Prerequisites for attendance? ☐ No ☐ Yes (**Complete Below**)

PREREQUISITE(S):	APPLICANT'S COMPLETION OF PREREQUISITE(S):
Completion of (Course Title)	Date(s): Location:

4. MEALS AND LODGING

Lodging and meal service is provided to academy students who must travel in excess of 40 miles to the training site.

Please Note: This section must be complete to determine eligibility. IF left blank, meals and lodging will not be provided. Applicant's agency _____ (in miles).	***Please check one of the following:*** ☐ Applicant will require provision of lodging and meal service. Check in: ☐ Sunday @ 2:00 pm ☐ Monday @ 7:30 am ☐ Applicant will not require either meal service or lodging.

Please note any special accomdation the applicant may need.

6. AUTHORIZATION

Training Manager Authorization/Signature:

Training Manager Email and Phone Number:

Applicant Email address (Mandatory):

All sections of this application are MANDATORY, if applicable.

PLEASE PRINT CLEARLY-Certificates will be printed, as the name appears on this application

Fax complete application to: 206-835-7926 *Or* Email to: registrar@cjtc.state.wa.us

Questions: registrar@cjtc.state.wa.us

WSCJTC USE ONLY

Registered	Accepted	Alternate	Denied	Cancelled	Billed
☐	☐	☐	☐	☐	☐