



SPOKANE COUNTY SHERIFF'S OFFICE
Protecting & Serving Our Own, Reducing Police Suicides
P.T.S.D



DATE: September 24th, 2013

LOCATION: SCSO Training Center

COST: \$75.00

DESCRIPTION: The single most lethal aspect of police work is suicide. Some estimates show that the suicide rate for law enforcement officers is two to three times that of the general public. And three times as many officers kill themselves compared to those killed by criminals in the line of duty.

In this course, you will learn about critical incident stress management, post traumatic stress disorder, and other psychological stressors affecting law enforcement. We will identify the symptoms that may indicate when an officer is suicidal along with methods for breaking the "blue wall of silence" and responding with the appropriate help and resources that are needed. And you will learn about developing the appropriate policies and training programs that will allow your agency to take a proactive approach to this terrible problem.

Robert Douglas is a leading expert in the area of police suicide according to Dateline, CNN, Time Magazine, and USA Today. He is also the author of four books: Death with No Valor, Hope Beyond the Badge, Healing for a Hero's Heart and soon to be published, The art of Being You. Bob served as a US Marine, 25-year veteran of two police departments, 24 years as a pastor, and several law enforcement agencies as a chaplain.

WHO SHOULD ATTEND: LE personnel, chaplains, mental health providers and other LE help resources.

REGISTRATION: See attached registration form.



Spokane County Sheriff's Office – Training Unit

GENERAL COURSE APPLICATION

1. GENERAL INFORMATION		
Applicant's Name: (Last) (First) (Middle)		
Title/Rank:	Applicant's Personnel Number:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Duty Assignment:	Agency:	
Agency Phone:	Agency Fax:	Applicant's Agency E-Mail Address: @
Agency Mailing Address:	(Street or PO Box)	(City) (Zip)
IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.		
2. COURSE INFORMATION		
Course Title:	Location of Course:	
Course Dates:		
3. MANDATORY-MUST BE COMPLETED TO BE CONSIDERED FOR SELECTION		
In determining eligibility of this applicant , the Spokane County Sheriff's Office will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Comments: _____ _____		
4. TRAINING COORDINATOR EMAIL ADDRESS (MANDATORY!) →	@	Confirmation is sent via email, please make sure this section is complete.
5. AUTHORIZATION		
Agency Representative Authorizing Attendance: Name _____ Signature _____	Title _____ Date _____	
Return completed application form to: Deputy Jeremy Jeske by email, jbjeske@spokanesherriff.org or fax (509) 477-6975. For more information regarding the application process, please call (509) 477-3211.		

SCSO USE ONLY	
Confirmation Notice Sent? <input type="checkbox"/>	Date: _____
Cancellation Notice Sent? <input type="checkbox"/>	Date: _____