



SPOKANE COUNTY SHERIFF'S OFFICE  
TRAINING ANNOUNCEMENT



## Prescription Drug Abuse & Diversion Investigations



**DATE:** July 17th, 2012 0830-1630

**LOCATION:** SCSO Training Center  
10319 E. Appleway  
Spokane Valley, WA 99206

**COST:** FREE

**DESCRIPTION:**

This course will provide the student with a national overview of the abuse of prescription drugs, an understanding of the Controlled Substance Act as it applies to prescription controlled substances, and a description of prescription drug crimes and their victims. For officers, suggestions will be provided for the targeting, investigating and reporting of these offenses. Actual case examples will be used throughout the program. Each student will be given a packet containing resource materials on the diversion of prescription drugs that may be useful to their departments and communities.

To register, please complete the form below and return to Deputy John Oliphant by fax (509) 477-6975 or email [jroliphant@spokanesherriff.org](mailto:jroliphant@spokanesherriff.org).



Spokane County Sheriff's Office – Training Unit

Revised 2/09

Application Form
GENERAL COURSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

1. GENERAL INFORMATION

Applicant's Name: (Last) (First) (Middle)

Title/Rank: Applicant's Personnel Number: Male 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 Date(s):

3. MEALS AND LODGING

Meals and Lodging and any costs incurred during this course will be the sole responsibility of the applicant and/or their agency.

4. 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:

5. APPLICANT PRIORITY (MANDATORY!)

If submitting more than one application for this course, check the priority of THIS applicant: 1 2 3 4 5

6. TRAINING COORDINATOR EMAIL ADDRESS (MANDATORY!)

@ Confirmation is sent via email, please make sure this section is complete.

7. AUTHORIZATION

Agency Representative Authorizing Attendance: Name Title Signature Date For SCSO Use Only

Return completed application form to: Spokane County Sheriff's Office Training Center, 10319 E. Appleway, Spokane Valley, WA 99206. Applications may also be faxed to (509) 477-6975 or sent as an email attachment to jroliphant@spokanesherriff.org. For more information regarding the application process, please call (509) 477-3211.