



**KENTUCKY CONSTABLE ASSOCIATION MEMBERSHIP
PROFESSIONAL DEVELOPMENT EDUCATION**

TRAINING NOTICE

_____ Total Hrs on this form

MEMBER NAME: _____
(LAST) (FIRST) (MI)

LOCATION OF TRAINING: _____

	#HOURS	CATEGORY	COURSE TITLE
1		Law Enforcement	
2		Law Enforcement	
3		Law Enforcement	
4		Law Enforcement	

Mandatory: *This training notice is to be retained by the Association. You are responsible for getting this information to the KCA Training Director to be filed in your training record.*

DATE: ___/___/___ **INSTRUCTOR #:** _____ **INSTRUCTOR SIGNATURE:** _____