

NEBRASKA CRIME COMMISSION

COUNTY ATTORNEY'S CLE ATTENDANCE REPORT *

NAME: _____ TITLE: _____

COUNTY EMPLOYED: _____ DATE OF HIRE: _____

PERIOD COVERED: JANUARY 1, 20____ THROUGH DECEMBER 31, 20 ____

APPROVED COURSES ATTENDED DURING THIS PERIOD			
SPONSORING AGENCY	NAME OF COURSE	ATTENDANCE DATES	NO. HOURS ATTENDED

TOTAL HOURS ATTENDED _____

SELF-INSTRUCTION/TRAINING RECEIVED DURING THIS PERIOD **			
TRAINING TITLE & PRESENTER	MEANS OF PRESENTATION	TRAINING DATES	HOURS OF TRAINING

TOTAL HOURS SELF-INSTRUCTION _____

Radar training requirement(1 hour) met in first year of office? YES ___ NO ___

Investigation & prosecution of crimes against children training requirement met?
(8 hours during first 2 years and 1 hour each following year?) YES ___ NO ___

I swear or affirm that the information herein, is to the best of my knowledge, complete and accurate.

Signature Date

Mailing Address: 301 Centennial Mall South, P.O. Box 94946, Lincoln, NE 68509-4946 (402) 471-2194

* This report is required to be submitted by January 31 of each year.
**Up to 5 hours of self-instruction/training is allowable annually.