



SHERIFFS CONTINUING EDUCATION REPORT

Nebraska Law Enforcement Training Center



Reference: Nebraska Statute No. 23.1701.01 and Operating Instruction 50-31

NAME OF SHERIFF:	COUNTY:	DATE ASSUMED OFFICE:
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Sponsor or Institution	Course Title	Dates of Training	Location	Instructor	Training Hours

Documentation attached: Yes _____ No _____

(Documentation submitted in support of this application for credit should include; course title and context, and hours; dates of course; instructor(s) name(s); location and where held.

I swear or affirm that the information submitted herewith is, to the best of my knowledge, complete and accurate and that I did attend this (these) training session(s).

SHERIFF SIGNATURE

Mail this form and any related documentation to: Nebraska Law Enforcement Training Center, 3600 North Academy Road, Grand Island, NE 68801

