

	Course Title:	Line Supervision – 80 hours Advanced Course #006					
	Instructor(s):	Chief Michael Allen – Polk County Sheriff's Office Assistant Chief Hans Lehman – Lakeland Police Department Director Ricky Wright – Polk County Sheriff's Office Captain Jose Sanchez – Winter Haven Police Department Captain Greg Goreck – Polk County Sheriff's Office Lieutenant Franklin Fitzgerald – Lakeland Police Department Mr. Kirk Fasshauer – Peace River Center					
	Date(s):	July 11, 2022 – August 5, 2022					
	Time(s):	6:30 PM – 10:30 PM (Monday – Friday)					
	Location:	Polk State College - Center for Public Safety Kenneth C. Thompson Institute of Public Safety 1251 Jim Keene Blvd Winter Haven, Florida 33880					
	Cost:	Region 8 training funds will pay for Region 8 law enforcement and correctional officers as well as Region 8 support personnel (when seats are available). <b>Region 8 includes Polk, Hardee,</b> <b>Highlands, and Desoto counties.</b> Student applications from outside of Region 8 will be placed on a waiting list to fill any open					
	Description:	seats not filled by Region 8 officers. Students will be provided in-depth instruction in a variety of areas related to line supervision. Subject areas include Introduction to Supervision, Role of the Supervisor, Member/Employee Assistance Programs, Integrity and Ethics, Planning, Communications and Semantics, Leadership, Civil Liability, Human Behavior and Motivation, Supervisor Responsibility in Use of Force Incidents, Media and Public Relations, Discrimination, Sexual Harassment and ADA, Critical Incident Management and Inter-Agency Coordination, Community Policing, Employee Productivity, Discipline and Evaluation.					
This course qualifies for <u>salary incentive</u> and <u>mandatory retraining</u> . Only courses selected for salary ince with the following exceptions, will be entered into FDLE's ATMS: all instructor courses, Breath Test Ope Breath Test Operator Refresher, Agency Inspector, Agency Inspector Refresher, and Canine Team Train							

Kenneth C. Thompson Institute of Public Safety

at Polk State College Center for Public Safety

1251 Jim Keene Blvd Winter Haven, FL 33880

(863) 297-1030 ext. | (863) 297-1045 fax | www.polk.edu/ips

## POLK STATE COLLEGE KENNETH C. THOMPSON INSTITUTE OF PUBLIC SAFETY Training Authorization & Advanced/Specialized Course Registration

## Student Authorization (Formerly CJSTC 15A)

## **Student Registration**

Student Nan	ne:								
	(Last Name	(Last Name) (First Name)		(FULL Middle Name)		(Sr, Jr, etc)			
Student SS#: Student email:									
Supervisor/email									
Check one: Law Enforcement Corrections Correctional Probation Civilian									
Agency Name:									
Agency Address:									
	(Street)	(city) (state	:)	(zip)					
Date of Birth Gender			Telephone Numbers Preferred:						
		☐ Male ☐ Female	Pleielleu.						
<b>MM / D</b>	D / YYYY		Work:						
Race (Required by the U.S. Office of Education Title VI Civil Rights Act of 1964)									
White (N	Ion-Hispanic)	Asian/Pacific Islan	der	American Indian/Alaska Native					
Black (N	on-Hispanic)	Hispanic							
Note: Form <u>MUST</u> be completed in its entirety or the officer <u>WILL NOT</u> be registered. Ensure that you are using the most current form for this class. These forms are pre-filled for specific classes and located with the course announcement online <u>https://www.polk.edu/ips</u> . Officers/Civilians in Region 8 are at \$0.00 fee. Officers/Civilians outside of Region 8 will be placed on a waiting list to fill any open seats not taken by Region 8 officers. Only courses selected for salary incentive will be entered into FDLE's ATMS, with the following exceptions: Instructor courses, Breath Test Operator/ Refresher, Agency Inspector / Refresher, and Canine Team Training.									
Course #	<b>Course Title</b>		Dates	Time	Location				
					Center for I	Public Safety			
Course Credit (Check One): Salary Incentive 🗌 Mandatory Retraining 🗌									
Neither (support personnel/civilians only)									
Authorized Agency Representative (please print):									
Authorized	Authorized Agency Signature: Date:								
Agency Contact Name:									
Telephone Number: Email:									

KCTIPS Form 80 Revised 7/17/19