



- Course Title:** Line Supervision – 80 hours
Advanced Course #006
- Instructor(s):** Chief Michael Allen – Polk County Sheriff’s Office
Capt. Gregory Goreck – Polk County Sheriff’s Office
Capt. Hans Lehman – Lakeland Police Department
Capt. David Brannan – Winter Haven Police Department
Capt. Jose Sanchez – Winter Haven Police Department
Lt. Franklin Fitzgerald – Lakeland Police Department
Mrs. Gwinnell Jarvis – Polk County Sheriff’s Office
Mr. Kirk Fasshauer – Peace River Center
- Date(s):** May 3, 2021 – May 28, 2021
- 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). **Region 8 includes Polk, Hardee, Highlands, and Desoto counties.**
Student applications from outside of Region 8 will be placed on a waiting list to fill any open seats not filled by Region 8 officers.
- Description:** 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 **salary incentive** and **mandatory retraining**. Only courses selected for salary incentive, with the following exceptions, will be entered into FDLE’s ATMS: all instructor courses, Breath Test Operator, Breath Test Operator Refresher, Agency Inspector, Agency Inspector Refresher, and Canine Team Training

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 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 MM / DD / YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Numbers Preferred: Work:
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Race (Required by the U.S. Office of Education Title VI Civil Rights Act of 1964)

<input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Black (Non-Hispanic)	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaska Native
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Note: Form MUST be completed in its entirety or the officer WILL NOT 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 <https://www.polk.edu/ips>.

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 #	Course Title	Dates	Time	Location
				Center for Public Safety

Course Credit (Check One): Salary Incentive ☐ Mandatory Retraining ☐

Neither ☐ (support personnel/civilians only)

Authorized Agency Representative (please print): _____

Authorized Agency Signature: _____ Date: _____

Agency Contact Name: _____

Telephone Number: _____ Email: _____