

Course Title:	Middle Management – 40 Hours Advanced Course #107					
Instructor(s):	Chief Michael Allen – Polk County Sheriff's Office Director Richard Wright – Polk County Sheriff's Office Ret. Captain Jose Sanchez – Winter Haven Police Department Lieutenant Frank Fitzgerald – Lakeland Police Department Lieutenant Kevin Smith – Polk County Sheriff's Office					
Date(s):	March 11 – 22, 2024					
Time(s):	6:30PM – 10:30PM (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:	This course is designed to prepare line supervisors and recently promoted mid-managers for the complex and demanding responsibilities of mid-management. It is recommended that students successfully complete the CJSTC Line Supervision course (Advanced #006) or an equivalent course of study prior to enrolling in this course. The Middle Management curriculum will build on the foundation set in Line Supervision. Students will be instructed in various areas of criminal justice managers, leadership, decision making, communications, media relations, fiscal management, policy making and compliance, and personnel management.					
	 Student should bring with them the following items from their respective agency: Job descriptions for first line supervisors and middle managers Organizational chart Assigned unit/division budget Agency's policy regarding ethics 					
	alifies for <u>salary incentive</u> and <u>mandatory retraining</u> . Only courses selected for salary incentive, with the ions, 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) 297-1045 fax / IPS@polk.edu / 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	e) (First Name	e)	(FULL Middle	e Name)	(Sr, Jr, etc)			
Student SS#	nt SS#: Student email:								
Supervisor/e	email								
Check one:	Law Enforcem	ent Corrections	Correc	ctional Probation	Civi	lian 🗌			
Agency Nar	ne:								
Agency Address:									
	(Street)	(city) (state	:)	(zip)					
Date	of Birth	Gender	Preferred:	Telephone Numbers					
		☐ Male ☐ Female	Pleielleu.						
MM / D	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 (Non-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 #	Course Title		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 Agency Signature: Date:									
Agency Contact Name:									
Telephone Number: Email:									

KCTIPS Form 80 Revised 7/17/19