MAINE CRIMINAL JUSTICE ACADEMY



# TRAINING ATTENDANCE ROSTER

**Course**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructor(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location of Course**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Length of Course** (Hours)\_\_\_\_\_\_\_\_\_\_

Attendees are declaring by their signature that they have attended the above-described training. Illegible names will not be credited for training hours. Please **print** your name as it should appear on any certificate or legal document.

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| Printed Name (legal name) *Last First M* | Signature | Department |
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This roster is being submitted to the Maine Criminal Justice Academy as a true record of training for the above listed officers. I have monitored this class and do hereby state that all the above listed officers were in attendance.

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Printed Name Signature Department

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