

SOUTH CAROLINA LAW ENFORCEMENT ASSISTANCE PROGRAM
2501 HEYWARD STREET, COLUMBIA, SC 29205

COURSE REGISTRATION FORM

Please use this form to register for Post Critical Incident Seminars provided by SCLEAP. Use a separate form for each person attending. There is no course fee for this seminar. Participating departments and agencies will cover two nights lodging in the Columbia, SC, area. Once SCLEAP receives your registration, we will forward confirmation and information on housing. All participants are encouraged to stay at the designated hotel.

Please complete all lines. You may complete form on computer and print completed form, or write legibly.

Name of course: _____

Date of course: _____

Name: _____ Sworn Officer: ___ Yes ___ No

Address: _____

City: _____ Zip Code: _____

Department/agency: _____

Work phone: _____ Fax: _____ Radio call sign: _____

Work cell: _____ Personal cell: _____ Home phone: _____

Work E-mail: _____ Personal E-mail: _____

Name to be used on name tag: _____

Briefly describe your reason for taking this course or the critical incident in which you were involved: (such as fatal shooting, serious child abuse case, line of duty death of co-worker, etc.) _____

Please print your name as it should appear on your certificate:

Return form to: South Carolina Law Enforcement Assistance Program
2501 Heyward Street
Columbia, SC 29205

or fax to: 803-252-2841

Questions: J. Eric Skidmore at SCLEAP phone: 803-252-2664 or cell: 803-206-8961

Registrations will be handled on a first-come, first-served basis. When 35 slots are filled, a waiting list will be compiled based on date registration is received. Upon receiving your registration, SCLEAP staff will contact you with program details.