OFFICE USE ONLY

Full_____	Man Hours_____
State_____	Soft Match_____
Part_____	Cert. Sent_____
Others_____	Sheriff Credit Sent _____
TOTAL_____	DATE_____

COURSE ROSTER

WEST CENTRAL ILLINOIS CRIMINAL JUSTICE COUNCIL
P.O. BOX 6
JERSEYVILLE, ILLINOIS 62052

PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY

CLASS_____ DATE_____

LOCATION _____ HOURS_____ INSTRUCTOR_____

PLEASE NOTE: Each officer has been assigned a PTB ID # through the Illinois Law Enforcement Training and Standards Board. This number can be found by following this link* **www.ptb.state.il.us *and clicking on the button on the left side of screen labeled "PTB ID Lookup."*

LAST NAME, FIRST, MIDDLE INITIAL	PTB ID #	DEPARTMENT/AGENCY (ADDRESS NEEDED ONLY IF OTHER THAN POLICE DEPT.)	FULL	PART	CORR	ISP	DISP.	AUX.	OTHER