

Date: _____

Commonwealth of Massachusetts Municipal Police Training Committee

"Training for Today, Planning for the Future"

Professional Development Training Application

MPTC Authorized Police Training Organizations

Please follow the registration instructions provided on the training announcement.

Start date

Training Location

Training Type

Name of Specialized Program

Mandatory Reserve In-Service

☐ Check Box

Police Department:

First name:

FULL Middle Name

Last name:

D.O.B. [mm/dd/yyyy]

Last 4 Social

Drivers License

Lower case letters

Home Address:

City

State:

Zip Code

E-mail Address:

Confirmation will be e-mailed (department or personal).

Cell Ph:

Alt. phone:

To insure your training record is accurate, please let us know whether there has been a change in your personal information since you last attended training (i.e. changed department, rank, last name, address). ☐ No change

By checking the "I agree" box below, the above-mentioned Applicant agrees to comply with all rules and regulations set forth by the Municipal Police Training Committee with regard to Professional Development Training and understand that I may be subject to sanctions for infractions thereof, including possible notification of the department head and dismissal from training. Further, I certify that I am in good health and agree that in the case of accident or illness, the MPTC training staff may take whatever actions are deemed necessary to arrange for emergency medical services. I understand I am responsible for maintaining health care coverage throughout my participation in the training program. In the case of illness or injury resulting from training, all necessary medical expenses will lie solely on me, the Applicant, unless other arrangements have been made with my sponsoring agency. I affirm I have checked with my sponsoring agency to clarify medical coverage issues. Further, I agree that all issues of civil liability shall be determined in accordance with Chapters 26 and 258 of the Massachusetts General Laws. ☐ I agree

Name of Authorizing Official:

Rank:

Authorizing Official's E-mail:

Telephone:

Confirmation will be sent to the Authorizing Official via E-mail.

☐ By checking this box, I hereby acknowledge my Supervisor has authorized me to attend this Training.