

**The University of Kansas
Kansas Law Enforcement Training Center
Hutchinson, Kansas**

CONTINUING EDUCATION APPLICATION

SPECIALIZED TRAINING

TELENET TRAINING

APPLICANT INFORMATION		BOX 1
Applicant's Name: (Last) _____ (First) _____ (Middle) _____		
Title/Rank: _____	Applicant's Social Security Number: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Agency: _____	Agency E-Mail Address: _____	
Agency Phone: _____	Agency Fax: _____	Applicant E-Mail Address: _____
Agency Mailing Address: (Street or PO Box) _____ (City) _____ (Zip) _____		

COURSE INFORMATION			BOX 2
Amber Alert Train-the-Trainer	Location: _____	Date _____	Project Numbers and Class times (CHOOSE ONE ONLY)
	Colby.....	9/9/08.....	<u>LE090237</u> : 8:00 AM – 12:00 PM <input type="checkbox"/> <u>LE090238</u> : 1:00 PM – 5:00 PM <input type="checkbox"/>
	Garden City.....	9/10/08.....	<u>LE090239</u> : 8:00 AM – 12:00 PM <input type="checkbox"/> <u>LE090240</u> : 1:00 PM – 5:00 PM <input type="checkbox"/>
	Hutchinson.....	9/11/08.....	<u>LE090241</u> : 8:00 AM – 12:00 PM <input type="checkbox"/> <u>LE090242</u> : 1:00 PM – 5:00 PM <input type="checkbox"/>
	Topeka.....	9/18/08.....	<u>LE090243</u> : 8:00 AM – 12:00 PM <input type="checkbox"/> <u>LE090244</u> : 1:00 PM – 5:00 PM <input type="checkbox"/>
	Olathe.....	9/19/08.....	<u>LE090245</u> : 8:00 AM – 12:00 PM <input type="checkbox"/> <u>LE090246</u> : 1:00 PM – 5:00 PM <input type="checkbox"/>
	Concordia.....	9/30/08.....	<u>LE090247</u> : 8:00 AM – 12:00 PM <input type="checkbox"/> <u>LE090248</u> : 1:00 PM – 5:00 PM <input type="checkbox"/>
	Independence.....	10/2/08.....	<u>LE090249</u> : 8:00 AM – 12:00 PM <input type="checkbox"/> <u>LE090250</u> : 1:00 PM – 5:00 PM <input type="checkbox"/>

MEALS AND LODGING	BOX 3
Meals and lodging and any costs incurred during this course will be the sole responsibility of the applicant and/or their agency, unless otherwise noted in the course description. Meals and lodging at KLETC are subject to limited availability, and are not guaranteed until confirmed.	
I request meals and lodging <input type="checkbox"/>	

SPECIAL ACCOMODATION	BOX 4
Pursuant to the Americans with Disabilities Act, KLETC will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training.	
Do You Request a Special Accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Comments: _____	

FEES	BOX 5
Tuition: \$NONE	Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Money Order
Tuition, Meals & Lodging: \$N/A	(PLEASE ENCLOSE) <input type="checkbox"/> Government Purchase Order
	or: <input type="checkbox"/> Bill My Agency
Course fees vary. Please consult the course announcement. Make checks payable to The University of Kansas	

APPLICANT PRIORITY	BOX 6
If your agency is submitting more than one application for this course, circle the priority of THIS applicant: (highest) 1 2 3 4 5 (lowest)	

AGENCY EXECUTIVE AUTHORIZATION	BOX 7
(Name) _____ (Title) _____ (Signature) _____ (Date) _____	

Send completed application form to: KLETC Registrar PO Box 647 Fax: (620) 694-1420 Hutchinson, KS 67504-0647	Or	For KLETC Use Only Or e-mail: Registrar@kletc.org
Questions regarding the application process should be directed to (620) 694-1410.		