



Florida Department of Law Enforcement

SPECIALIZED TRAINING DOCUMENTATION

Incorporated by Reference in Rule 11B-35.007(2)(b)10., F.A.C.



CJSTC 16

Section A

Name of Training School: _____

Name of Primary Instructor: _____

Commission Certified: YES NO Telephone Number: _____

Name of Course Contact Person: _____

Approximate Cost of Course: \$ _____ Trust Fund Expenditure: YES NO

Name of Course: _____

Date(s) Course Offered: _____

Number of Hours of Course: _____ (No minimum hours)

Number of Hours of Electives: _____ (Maximum of 4 hours per 40 hours of instruction)

Section B

Learning Goal(s): _____

List all objectives to be used during the course by category, topic, and objective number. If a portion of an advanced course is used the course number and objective number(s) should be listed. (Use supplemental form(s) for electives or if additional space is necessary.) If goals and objectives are provided by the course instructor, complete Section A and attach them to this form.

Category or Adv. Course #	Topic	Objectives

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Signature of Training Center Director or Designee

Date