Florida Department of Law Enforcement
Training Authorization
Advanced and Specialized Training
& Career Development Courses

Agent/Officer Information

Agent/Officer Name: _____ _____
Last First MI

Social Security Number: _____ - _____ - _____

Course Enrollment Information

Course Title: D.A.R.E. Officer Training_____

Course Beginning Date: ____ 07/06/2026_____ Course Ending Date: ____ 07/17/2026_____

Course Credit (Check One): ☐ **Salary Incentive** ☐ **Mandatory Retraining***

** Each advanced/career development course may be used to satisfy mandatory retraining requirements OR be attributed toward Salary Incentive credit. One course may not be used for both.*

Agency Information

Agent/Officer's Agency Name: _____

_____ _____
Agent/Officer Signature Date

_____ _____
Authorized Agency Signature Date

FDLE Training School Only

Certified Training Academy: _____

Course Sequence Number: _____

This Agent/Officer has successfully completed the above course:

_____ _____
Training Center Director or Designee Date

Please return all completed forms to the Florida Department of Law Enforcement,
Bureau of Professional Development, Post Office Box 1489, Tallahassee, Florida 32302
Replaces CJSTC 15A Form (Revised 10/2013)