



**COLLEGE of  
CENTRAL  
FLORIDA**

3001 SW COLLEGE RD OCALA, FL 34474

(352) 873-5838 EXT. 1264

**ADVANCED/SPECIALIZED TRAINING AUTHORIZATION**

**OFFICER'S INFORMATION**

<b>RANK</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE</b>
<b>SSN#</b>		<b>AGENCY and e-mail address</b>	

**COURSE INFORMATION**

<b>COURSE TITLE</b>	
<b>COURSE BEGINNING DATE</b>	<b>COURSE ENDING DATE</b>

**COURSE WILL BE USED FOR :**

**SALARY INCENTIVE**

**MANDATORY**

*To be placed on the course list please return this completed form after receiving your agency's approval. Forms may be faxed or sent by mail to : Kat Kelley, Coordinator  
Fax (352) 873-5862 3001 SW College Rd. Ocala, FL 34474 kelleyk@cf.edu*

**AGENCY APPROVAL**

<b>Authorized Agency Signature</b>	<b>Date</b>	<b>Agency</b>
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**TRAINING SCHOOL USE ONLY**

*Course sequence number:* \_\_\_\_\_ *This officer has successfully completed this course.* \_\_\_\_\_ **TRAINING CENTER**

**DIRECTOR DATE**