



MISSOURI SHERIFFS' ASSOCIATION

Serving Missouri Justice Since 1945

Date

March 26th - 27th, 2020 and
April 1st - 2nd, 2020

10 Hrs Each Day
8:00AM – 7:00PM

Location:

Daviess DeKalb Regional Jail
102 N. Meadows Ln.,
Pattonburg, MO 64670

COST:

Contracted Agencies
\$150.00

Non-MSA Contracted Agencies
\$275.00

Payable to:
Missouri Sheriffs' Association

Students are responsible for all lodging,
meals, and transportation expenses.

Register For Training

On-line registration preferred
www.mosheriffs.com/training-calendar

or use the form registration
page and email to:
jeanne@mosheriffs.com

For additional information contact:

Jeanne Merritt Program Information
573-592-69000
jeanne@mosheriffs.com

6605 Business 50 West
Jefferson City, MO 65109

573.635.5925 | Fax 573.635.2128

MOSHERIFFS.COM

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The Laws of Corrections [4 hr]

Understanding Styles and Personalities [3 hr]

Searches: Pat Downs, Unclothed Searches,

Cells [4 hr]

Coping with Stress Management [1 hr]

Correctional Use of Force [3 hr]

Correctional Report Writing Incidents

and Grievances [3 hr]

Uses of Technology and Time

Management Applications [2 hr]

Offender Supervision- Games Con's Play [1 hr]

Understanding Manipulative Behaviors [2 hr]

Melting Pot of Generations [3 hr]

Breaking the Communication Wall [2 hr]

Medication Dispensing Understanding [1 hr]

Understanding Women in Offenders [1 hr]

Mental Health in Corrections [2 hr]

PRACTICAL APPLICATION TOTAL

8 HRS. BROKE OUT

REPORT WRITING PRACTICAL
PERSONALITIES TEST
PRACTICAL SEARCHES
PRACTICAL USE OF FORCE BASICS
PRACTICAL COMMUNICATION
SCENARIOS



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REGISTRATION FORM

COURSE INFORMATION

Title: _____

Date: _____ Time: _____

Host Agency: _____

Location address: _____

Instructor: _____

ATTENDEE INFORMATION

Agency Name: _____

Contracted: (Yes/No) _____ Number Attending: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

COST INFORMATION

Contracted Agency\$ _____ / per person \$ _____

Non-Contracted Agency.....\$ _____ / per person \$ _____

PAYMENT METHODS

Bill my credit card. VISA _____ MC _____ DISCOVER _____
 # _____ Exp _____
 3-digit security code _____ (Located on back)

Enclosed is a check/money order. Check # _____

Total Enclosed \$ _____

Signature _____

| Send Registrations To |
|-----------------------|
| |

FOR MORE INFORMATION CONTACT