



MISSOURI SHERIFFS' ASSOCIATION

Serving Missouri Justice Since 1945

Date

April 26-30,2021
8:00AM – 5:00pm

Location:

Crawford County Sheriff's Office
212 S. Third Street
Steville, Missouri

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](http://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

573-592-6900
jeanne@mosheriffs.com

6605 Business 50 West
Jefferson City, MO 65109

573.635.5925 | Fax 573.635.2128

MOSHERIFFS.COM

40 Hour Intro to Corrections Officer Course

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 Hours

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



MISSOURI SHERIFFS' ASSOCIATION

*Serving Missouri
Justice Since 1945*

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