



MISSOURI SHERIFFS' ASSOCIATION

Serving Missouri Justice Since 1945

Date

November 13 - 17, 2023

8:00 a.m. – 5:00 p.m.

(Ends at noon on Nov 17)

Location:

Missouri Sheriffs' Association

6605 Business 50 West

Jefferson City, Missouri

Training Center Classroom#2

COST:

No Cost to Contracted Agencies

Non-MSA Contracted Agencies

\$450.00 Payable to:

Missouri Sheriffs' Association

Register by Nov 4, 2023

This program may be canceled if registrations are not sufficient.

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

Register For Training

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

For those who don't register on line fill out the registration form and email to:

Donna@mosheriffs.com

or Mail/Fax the form to the Missouri Sheriffs' Association at the contact information below.

6605 Business 50 West
Jefferson City, MO 65109

573.635.5925 | Fax 573.635.2128

MOSHERIFFS.COM

Basic Supervision

(POST Control #10459)

This course is designed to provide the student the necessary skills and knowledge to perform the formal functions of supervision to include planning, reporting, improving, directing, and evaluating (PRIDE).

It is no secret that many people, if not most, leave their jobs because of poor supervision. Thus, other topics covered in the training will address "informal" functions of supervision to include human relations concepts and skills; leadership and motivational principles; and supervisor/subordinate relationships.

Who Should Attend:

Current leaders and those who want to prepare themselves for future leadership positions in a public safety agency. Those interested in personal and professional growth.

This training qualifies for thirty-six (36) hours of POST Continuing Law Enforcement Education Credit through the Missouri Sheriffs' Association, a POST licensed continuing education provider.

For additional information contact:

Rusty Bourg for Program Information

573-635-9644 Ext 111

rusty@mosheriffs.com

Donna Arney for MSA Registration Information

573-635-9644 Ext 106

Donna@mosheriffs.com



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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