

# MISSOURI SHERIFFS' ASSOCIATION

Serving Missouri Justice Since 1945

#### **Date**

March 6 - 10, 2023 8:00 a.m. - 5:00 p.m. (Ends at noon on March 10)

#### **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 Feb 24, 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/trainingcalendar

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.

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

STATE LICENSED • PROFESSIONAL STAFF • STATEWIDE TRAINING



### **REGISTRATION FORM**

COURSE INFORMATION		
Title:  Date:		
Host Agency:		
Location address:		
Instructor:		
ATTENDEE INFORMATION		
Agency Name:		
Contracted: (Yes/No)	Number Attending:	
Attendee Name:	Email:	
COST INFORMATION		
Contracted Agency/ per p	erson \$	
Non-Contracted Agency / per p	erson \$	
PAYMENT METHODS		
☐ Bill my credit card. VISAMC	DISCOVER	
#		Send Registrations To
3-digit security code(Located on back)		
☐ Enclosed is a check/money order. Check #		
Total Enclosed	\$	
Signature		