



MISSOURI SHERIFFS' ASSOCIATION

Serving Missouri Justice Since 1945

Date

August 21 - 24, 2023

8:00AM – 5:00PM

(Ends at noon on the Aug 24)

Location:

Missouri Sheriffs' Association
6605 Business 50 West
Jefferson City, Missouri
Training Center Classroom#1

COST:

No Cost to Contracted Agencies

Non-MSA Contracted Agencies

\$400.00 Payable to:
Missouri Sheriffs' Association

Register by Aug 7, 2023

Pre-registration is required.

This program may be canceled if registrations are not sufficient.

Maximum Registration: 25

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 do not 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

Field Training Officer Course

(Post Control #10029)

This course offers the basic information needed to train and evaluate a new officer. It is based on the highly regarded San Jose, California Police Department FTO model established in the 1970s.

Course Topics

- History, Elements of the FTEP
- Principles of Learning
- Professional Ethics
- Situational Leadership
- The One-Minute Manager
- Counseling Troubled Employees
- Probationary Officer's Checklist
- Supervision/Subordinate Relations
- Daily Observation Report and Standardized Evaluation Guidelines
- Training Liability
- Evaluation Scenarios (Video)
- Written Exam/Review/Critique

For additional information contact:

Rusty Bourg for Program Information

573-635-9644 Ext 111
rusty@mosheriffs.com

Gina Kauffman for MSA Registration
Information 573-635-9644 Ext 105
Gina@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

FOR MORE INFORMATION CONTACT