



MISSOURI SHERIFFS' ASSOCIATION

Serving Missouri Justice Since 1945

DATE:

July 31, 2023

8:00 a.m. – 12:00 p.m.

Course Location:

Missouri Sheriffs' Association
Training Academy Classroom #1
6605 Business 50 West
Jefferson City, Missouri 65109

COST:

MSA Contract Agency: No Charge

Non-contracted Agencies: \$50.00

*Payable to: Missouri Sheriffs'
Association for POST CLEE*

*Note: Cost includes registration and
CLEE credi processing. Students
are responsible for all lodging,
meals, and transportation expenses.*

POST CLEE CREDITS: 4

- 1 Hr Interpersonal Perspectives & Anti-Racial Profiling.
- 1 Hr Technical Studies & De-Escalation
- 2 Hrs Interpersonal Perspectives & Implicit Bias

Registration Deadline:

July 28, 2023

6605 Business 50 West
Jefferson City, MO 65109
573.635.5925 | Fax 573.635.2128

MOSHERIFFS.COM

POST-Mandated Training

Racial Profiling: Policing In A Divers Community

POST# 21961

De-Escalation-Making Good Decisions

POST# 21967

Bias and Predictive Processing

POST# 21917

This course 4-Hour training session will provide the student with the ability to meet the mandated subcategory training for racial profiling, de-escalation, and Implicit Bias training necessary to maintain your POST Peace Officer License for the year 2023.

The session is being conducted as part of the Missouri Supreme Court Marshal training program and has been opened to others in need of the training. Therefore, registrations will be limited to 10 available seats.

This course is recommended for anyone needing CLEE credit for the POST Mandated sub-categories of racial profiling, de-escalation, and implicit bias.

MORE INFO:

REGISTRATION: Gina Kauffman Arney 573-635-9644, ext. 105
gina@msheriffs.com.

TRAINING: Victor Pitman 573-635-5925 ext. 117
victor@msheriffs.com

REGISTER: www.msheriffs.com/training-calendar: or

Use the enrollment form and email to gina@msheriffs.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