Massachusetts State Police Academy
Professional Development Registration Request

COURSE INFORMATION		
Course Title:	Course Date(s): Course Location:	
STUDENT INFORMATION		
Last Name:	First Name:	MI:
Rank:	ID #:	
Department / Agency:		
Mailing Address:		
City / State / Zip:		
Telephone:	Fax:	
Email Address:		
Overnight Accommodations Requested: Yes ☐	No ☐	
ACKNOWLEDGMENT		
I hereby acknowledge that I have read the Rules and Regulations for attending professional development classes at the Massachusetts State Police Academy. I understand that any infractions may result in dismissal from the training, notification to my department, and prohibit me from attending future training hosted by the Massachusetts State Police. Student Initials:		
AUTHORIZATION		
I hereby acknowledge that my supervisor has authorized my attendance at this training. Student Initials:		
Name / Rank of Authorizing Official:		
Supervisor's Email Address:		
Supervisor's Telephone:		

Please submit registration form to:

Ms. Juliet Tondera, Professional Development Registrar
Fax: (508) 867-1100
Email: Juliet.Tondera@massmail.state.ma.us

Email confirmation of enrollment will be sent to the student and the student's authorizing official / supervisor.