

CIT International – Certified CIT Coordinator Course Registration



Please indicate which session you would like to attend:

_____ **Sunday, August 25, 2019** _____ **Wed., August 28th (PM) & Thurs., Aug. 29th (AM)**

Fees - \$250.00 w/ Conference Registration - \$400 w/o Conference Registration -

Preference will be given to those who are currently a CIT Coordinator for their Community CIT Program

Contact Information (Please print)

Name	
Agency/Organization	
Mailing Address	
City	
State & ZIP Code	
Cell Phone	
Work Phone	
E-Mail Address	

CIT Experience

Completed a 40-hour CIT training? Date? _____ Where? _____

Course attendees shall have completed the 40-hour training. **Please attach a copy of your certification of completion/attendance at a 40-hour CIT training, or a letter from your department or CIT trainers.**

Current Position Details (check all that apply)

Current Agency/Community CIT Coordinator Plan to be a CIT Coordinator

Agency/Community name: _____ Agency/Community location: _____

Professional Affiliation:

Law Enforcement/Corrections Advocacy Mental Health Medical/Hospital

Other (Specify) _____

Length of time as CIT Coordinator, if applicable? Years ____ Months ____

_____ **By checking this line, you verify that you have reviewed the CIT Core Elements on the CIT International Website at: <http://www.citinternational.org/Memphis-Model-Core-Elements> and that you agree with and ADVOCATE for them**

Signature & Name for Certificate

Name (printed) as you want it to appear on your certificate	Date of completed application
---	-------------------------------

Please **email** completed applications along with a copy of your certificate or letter of completion of the 40-hour CIT training to:

Suzanne Andriukaitis

SaOakPark@gmail.com

DEADLINE to apply - JULY15, 2019