Career and Professional Development Courses
Region XIV - In-Service Registration Form

Agency Name: _____

Agency Address: _____

City: _____ State: _____Zip: _____

Agency Training Coordinator: _____

Phone Number: _____ *Email Address:* _____

Course Title: _____ *Course Dates:* _____

Participant 1: Add or Delete Name/Rank: _____

Officer Email Address: _____ MT or SI

Participant 2: Add or Delete Name/Rank: _____

Officer Email Address: _____ MT or SI

Participant 3: Add or Delete Name/Rank: _____

Officer Email Address: _____ MT or SI

Participant 4: Add or Delete Name/Rank: _____

Officer Email Address: _____ MT or SI

Participant 5: Add or Delete Name/Rank: _____

Officer Email Address: _____ MT or SI

Authorized by (Print and Title): _____

Authorizing Signature: _____ Date: _____

Send via email to: SOJinsrvtrng@mdc.edu or pwallace@mdc.edu

MT – Mandatory Training SI – Salary Incentive

Office Location:
Miami Dade College, North Campus Building
J – Room J170-27
11380 N.W. 27th Avenue Miami, FL 33167

Contact:
In-Service Training email:
SOJinsrvtrng@mdc.edu
305-237-1460 Tel

Form Effective date: 7/2026