



## Syringe Programs in New York State Course Completion Registration



<p>Agency Name <input type="text"/></p> <p>Address 1 <input type="text"/></p> <p>Address 2 <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> Zip Code <input type="text"/></p> <p>Phone Number (no dashes or parentheses) <input type="text"/></p> <p><small>* Pursuant to NYS Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit or privilege.</small></p>	<p><b>Individual Registering (one per registration):</b></p> <p>Last Name <input type="text"/></p> <p>First Name <input type="text"/></p> <p>S.S.N.* <input type="text"/> (last 4 digits) D.O.B. <input type="text"/> (mmddyyyy)</p> <p>E-mail <input type="text"/></p> <p>Position <input type="checkbox"/> Police Officer Rank <input type="text"/></p> <p><input type="checkbox"/> Peace Officer Type <input type="text"/></p> <p><input type="checkbox"/> Civilian Type <input type="text"/></p> <p><input type="checkbox"/> Federal Law Enforcement Type <input type="text"/></p> <p>Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer</p>
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Completion Date of Training (mmddyyyy)

### Course Completion Certificate:

E-mail

DCJS is no longer mailing Course Completion Certificates via USPS. A valid E-mail address is now required in order to receive your certificate.

### Course Feedback:

Overall, how would you rate this course?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

DCJS would like your feedback on what you liked and disliked about the training for consideration when developing future online courses. Additionally, please provide any other questions you would like covered as it relates to recording interview and interrogations.

### Attestation:

☐

*By checking the box, I understand that this is a written instrument offered for filing with the State of New York, a governmental agency. I certify that the information contained within this document is true. I also certify that I have completed the training and understand DCJS can only update an individual's training record who appears in the Police and Peace Officer Registry after successful completion of this training.*

**\*\*THE OFFICE OF PUBLIC SAFETY PREFERS TO RECEIVE YOUR REGISTRATION ELECTRONICALLY.\*\***

**Please use the "Submit by E-mail" button below.** However, if you have difficulty submitting electronically, you may complete the form online (please do not handwrite), click the 'Print Registration' button and fax to (518) 457-0145.



***Incomplete, Improper or Illegible registrations will be returned.***