



TRAINING REGISTRATION REQUEST

This request must be submitted electronically via email to the ICPC Corporate Office at **office@icpcchaplains.org**. Please ensure all fields on the form are completed as instructed, as incomplete submissions may delay the application process.

Once the form has been reviewed and approved by both the Regional Director and the ICPC Office, all necessary training materials will be provided to the Host.

Submission Date: _____ **Host Name:** _____

Email: _____ **Phone Number:** _____

Additional Fee's? (Basic - \$135 per person / Liaison - \$75 per person): _____

Facility Name/Location: _____

City: _____ **State:** _____ **Zip:** _____

COURSE #	COURSE TITLE	DATE	INSTRUCTOR NAME (PRINT)
CB01	Understanding Law Enforcement Chaplaincy		
CB02	LE Chaplaincy Basics		
CB03	Legal Aspects of Chaplaincy		
CB04	Law Enforcement Family		
CB05	Responding to the Call-Out		
CB06	Characteristics of Stress		
CB07	Suicide		
CB08	Department-Agency Incidents		
CB09	Death Notification		
CB10	Self-Care for the Chaplain		
L01	Introduction to Liaison		
L02	Leading Chaplains		
L03	Managing Chaplains		
L04	Policy and Legal Considerations		
LIST ALL OTHER NON-BASIC (NB) COURSE TITLES ON PAGE 2.			
OFFICE USE ONLY			
(Initial and Date)	Approved	Disapproved	Date
Region Director			
International Committee Chair*			
Office Administrator			
* If it is International Training, the International Committee Chair must be contacted also			

