

Instructor Development Program Participant Agreement



To confirm your seat in the *Community Policing: Improving Police Efficacy and Building Trust Instructor Development Program (IDP)*, you must submit this signed agreement to VCPI **within 10 days** of your online registration. **Your IDP registration is not considered complete until we have received this signed agreement in our office.**

Completed agreement forms may be returned by email (dgardner@vcpionline.org), by fax (804-644-0309) or by mail to:

David Gardner, Program Manager
Virginia Center for Policing Innovation
Attn: CPIPEBT Instructor Development Program
413 Stuart Circle, Suite 200
Richmond, VA 23220

Upon VCPI's receipt of this agreement form, you will receive an email acknowledging receipt and confirming your registration in this IDP. Please contact David Gardner at 804-644-0697 if you have questions.

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| Last, First Name | Training Date & Location for which you are currently registered |
| Your Agency & Address | |

Agency/Supervisor Endorsement

The above applicant is registering for participation in ***Community Policing: Improving Police Efficacy and Building Trust Instructor Development Program (IDP)***, a tuition-free, US DOJ, COPS Office supported, training program with limited seating capacity. A complete course description can be found at www.vcpionline.org.

As a participant in this program, the applicant will receive complete instructional materials to utilize in training personnel at his or her own agency or local area.

Your signature indicates your good faith agreement to the following:

- providing the applicant ample opportunity to deliver this training content to your agency and if possible/appropriate, neighboring jurisdictions and/or community partners (it is our GOAL to have each IDP participant provide instruction to approximately 50 individuals within one year of completing the training).
- providing numerical data to VCPI on in-house trainings (i.e., training date and number of individuals trained) for our grant-mandated reporting.

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| Supervisor/Agency Authority Printed Name and Rank/Title | Supervisor/Agency Authority Signature | Date Signed |
|---|---------------------------------------|-------------|

TO BE COMPLETED BY VCPI

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| Date form received by VCPI: | Date confirmation email sent: |
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