## DOMESTIC ABUSE CONTINUING EDUCATION SUBMISSION CHECKLIST

This form must be submitted by the person or agency requesting LET approval of training classes/courses that may count toward domestic abuse continuing education hours.. Please place a checkmark in the box next to each completed task statement.

	I am requesting hours of domestic abuse continuing education hours based on my attendance to the course listed below and attached as part of this submission:	
	Name (	of Course:
	Date of Course:	
	Training Location:	
	Name	of Instructor or Vendor:
	☐ I've attached/submitted a lesson plan, detailed outline, or PowerPoint that:	
		Contains a Purpose or Goal statement Addresses the <b>WHY?</b> something set up as an end to be attained Example: "To provide officers with tools and strategies about the dynamics of domestic violence, laws pertaining to domestic violence, officer and victim safety, holding the perpetrator accountable, and forming a community coordinated response."
		Contains Training Objectives — Addresses <b>WHAT?</b> What is the desired aim or end of action for the various subject areas Example: "At the end of this class, officers should be able to Determine the predominant aggressor during a DV incident and identify when a DV incident requires mandatory arrest."
		Address <b>ALL</b> the following domestic abuse subject areas:
		☐ Enforcement of criminal law in domestic abuse situations
		<ul><li>Availability of community resources</li><li>Protection of the victim</li></ul>
		Address <b>HOW</b> the information will be taught instructor methodology?
		Address <b>WHEN</b> the information will be taught – sequence of events?
☐ I've clearly marked/flagged/highlighted all sections and/or pages containing the aforementioned subjects, i.e. availability of community resources.		
		to complete any of the above requirements may result in disapproval of your request. In addition, LET staff may our request if any of the material or techniques presented are deemed illegal, unsafe, or improper.
Sub	mitted	by: Date:
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