## 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			
	Training Location:			
	Name o	of Instructor or Vendor:		
	I've att	ve attached/submitted a lesson plan, detailed outline, or PowerPoint that:		
		Contains a Purpose or Goal statement Addresses the <b>WHY?</b> someth attained Example: "To provide officers with tools and strategies about the dynam pertaining to domestic violence, officer and victim safety, holding the perpetrator accommunity coordinated response."	ics of domestic violence, laws	
		Contains Training Objectives — Addresses <b>WHAT?</b> What is the desired air various subject areas Example: "At the end of this class, officers should be able to aggressor during a DV incident and identify when a DV incident requires mandatory	Determine the predominant	
		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	ngv <b>?</b>	
		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.				
		e to complete any of the above requirements may result in disapproval of your request your request if any of the material or techniques presented are deemed illegal, unsafe,		
Suk	omitted	l by:	Date:	