



FLORIDA BOARD OF CERTIFIED INVESTIGATORS Training Compliance Form

Submission of Training for Approval and Database Entry

Name: _____

TRAINING SEMINARS (List dates, location, sponsor & hours)

1. _____ DATE _____ HRS _____
2. _____ DATE _____ HRS _____
3. _____ DATE _____ HRS _____
4. _____ DATE _____ HRS _____
5. _____ DATE _____ HRS _____
6. _____ DATE _____ HRS _____
7. _____ DATE _____ HRS _____
8. _____ DATE _____ HRS _____
9. _____ DATE _____ HRS _____
10. _____ DATE _____ HRS _____
11. _____ DATE _____ HRS _____

TOTAL HOURS CLAIMED _____

LECTURES (List dates, location, sponsor & hrs)

1. _____ DATE _____ HRS _____
2. _____ DATE _____ HRS _____

TOTAL HOURS CLAIMED _____

PUBLICATIONS (List publication date, publisher, & topic)

1. _____ DATE _____ HRS _____
2. _____ DATE _____ HRS _____

By affixing my signature, I do hereby swear and/or affirm, under penalty of perjury, that all information in this report is, to the best of my knowledge, complete and accurate. I did participate for the number of hours indicated and no credits are claimed that have been submitted on a previous Report of Compliance. Attached hereto are certificates of completion of seminars, copies of articles published, seminar brochures, etc., to substantiate all credits claimed above.

Signature: _____

Date: _____