



GULF COAST
HIGH INTENSITY DRUG TRAFFICKING AREA

TRAINING ALERT

K-9 Medical: Preventive Medicine and Emergency Management for the Narcotics Canine

WHEN : June 22-23-24, 2010
Class times: 0800 – 1700

WHERE : Arkansas State Police
1 State Police Plaza
Classroom C
Little Rock, AR 72209

COSPONSOR : Gulf Coast HIDTA and Arkansas State Police

DESCRIPTION : This course is designed to familiarize handlers and trainers of narcotics canines with current knowledge and techniques with respect to preventive medicine and emergency management as it applies to the maintenance, training, and deployment of these valuable canine assets. It is a three (3) day course consisting of conventional classroom lecture, power point presentations and a small group session demonstrating transport, restraint, bandaging, splinting and life saving techniques. There will be open dialogue regarding special situation application (I e; if canine ingests narcotics/chemicals).

INSTRUCTORS : F. KEITH DAVIS, D.V.M.

NOTE: *** **LAW ENFORCEMENT SENSITIVE INFORMATION** ***

* BE PREPARED TO SHOW YOUR ID OR BADGE EACH DAY AS YOU ENTER THE CLASS ROOM *

ENROLLMENT: THERE IS NO REGISTRATION FEE FOR THIS COURSE

ATTENDANCE: LAW ENFORCEMENT ONLY: Open to Federal, State, and Local Law Enforcement Personnel, Criminal Intelligence Analysts, Investigators, Investigator Assistants, Counterdrug Operation Supervisors at all Levels and Military Personnel - both Active and Reserve.

CONTACT : Please fax the attached enrollment form to 601-965-4018. Go to web-site <http://training.gchidta.org> or call 601-933-9431 for a course enrollment form.

THIS FORM WILL BE FAXED BACK TO YOU WITH INDICATION OF YOUR ENROLLMENT STATUS



GULF COAST HIGH INTENSITY DRUG TRAFFICKING AREA TRAINING PROGRAM

Arkansas State Police
#1 State Police Plaza
LITTLE ROCK, AR 72209

K-9 MEDICAL
June 22-23-24, 2010 (08:00 am to 05:00 pm)
(Fax to Training Coordinator 601-965-4018)

GC HIDTA Training Unit Use Only

Your request has been:

- Approved
- Placed on **WAITING LIST**
- Denied Class is full
- Denied (agency cap met)

STUDENT INFORMATION:

Title (Mr. Ms. Mrs.)	Rank (or Job Title)		
First Name	Middle Initial	Last Name	
Date of Birth-MM/DD/YYYY	Last 4 digits of Social Security Number	HIDTA Initiative Member	Arrest Powers
		Yes No	Yes No
Email Address (PLEASE PRINT CLEARLY)		Add to GC HIDTA Distribution List : Yes No N/A	

JOB MAILING ADDRESS (Please spell out):	CONTACT NUMBERS: MUST INCLUDE FAX
Agency Name: _____	Office Phone: (____) _____ - _____ ext _____
Address: _____	Fax Phone: (____) _____ - _____ ext _____
City: _____ ST: _____ ZIP: _____	Cell Phone: (____) _____ - _____
	Other Phone : (____) _____ - _____ ext _____

HIDTA NAME:					
INITIATIVE NAME:					
PARENT AGENCY NAME: (What agency signs your check? Please spell out)	(Ex: Federal Bureau of Investigation, Miami Beach Police Department, etc.)				
YOUR PARENT AGENCY IS:	Federal	State	Local	Military	Other

SUPERVISOR'S APPROVAL INFORMATION

APPROVED BY (Please print clearly):	Supervisor's Email Address: Add To Distribution List: Yes No N/A
First Name	Last Name
Supervisor's Signature:	
Agency Name: _____	Office Phone: (____) _____ -- _____ ext _____
Address: _____	Fax Phone: (____) _____ -- _____ ext _____
City: _____ ST: _____ ZIP: _____	Cell Phone: (____) _____ -- _____
	Other Phone: (____) _____ -- _____