



GULF COAST HIGH INTENSITY DRUG TRAFFICKING AREA

TRAINING ALERT STREET LEVEL NARCOTIC ENFORCEMENT

WHEN : August 10-11, 2010
Class times: 0800 - 1700

WHERE : Lafayette Police Department
900 E. University Avenue
Lafayette, LA 70503

COSPONSOR : Gulf Coast HIDTA, and Lafayette Police Department and
the U.S. Attorney's Office, Western District of Louisiana

DESCRIPTION : This 2 day course of instruction is intended to provide officers, agents and investigators with information and practical skills utilized to conduct narcotics investigations in today's ever changing environment. Students will be provided with various methods to conduct narcotics investigations in a rural and urban setting. This course provides a formal understanding of how to conduct a narcotics investigation from the case initiation to the sentencing of the defendant. Students will be exposed to various modern methods of narcotics investigation from street stops, street level drug buys, street drug sales, field observation techniques, drug and financial tracking and case presentation for prosecution.

INSTRUCTORS : Tracy Sparshott

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

Lafayette Police Department STREET LEVEL NARCOTIC ENFORCEMENT
900 E. University Ave August 10-11, 2010 (0800 to 1700)
LAFAYETTE, LA 70503 (Fax to Training Coordinator 601-965-4018)

GC HIDTA Training Unit Use Only
Your request has been:
<input type="checkbox"/> Approved
<input type="checkbox"/> Placed on WAITING LIST
<input type="checkbox"/> Denied Class is full
<input type="checkbox"/> 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: (____) _____ -- _____	