



GULF COAST HIGH INTENSITY DRUG TRAFFICKING AREA

TRAINING ALERT LEO Survival Spanish

WHEN : April 20-21-22, 2010
Class times: 0830 - 1630

WHERE : Jefferson Parish Sheriff's Office
1801 Westbank Expressway
Harvey, LA 70058

COSPONSOR : Gulf Coast HIDTA and Jefferson Parish Sheriff's Office

DESCRIPTION : This is a three-day training seminar that will allow students to become familiar with the rules of Spanish pronunciation and basic grammar principles. The students will become familiar with the Hispanic culture, perceptions of law enforcement and how to conduct effective interviews. Students will learn how to conduct traffic stops, criminal investigations, arrest commands and booking procedures in Spanish. Additionally, the students will experience true-to-life investigations in actual scenarios using their new Spanish skills.

INSTRUCTORS : Steve Gaenzle & Jorge Charry, "Spanish Language Concepts, LLC"

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.

** ATTENDANCE IS LIMITED TO 40 STUDENTS **

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

JEFFERSON PARISH SHERIFF'S OFFICE
1801 WESTBANK EXPRESSWAY
HARVEY, LA 70058

LEO SURVIVAL SPANISH
APRIL 20-21-22, 2010
CLASS TIME: 0830 TO 1630

(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: (____) _____ -- _____