

New Police Chiefs Training February 17 - 21, 2025 Biographical Sketch Questionnaire



<u>Purpose:</u> To help the instructors tailor this class to best meet your needs and to familiarize themselves with you.

Please complete this questionnaire, save it using your **last name (i.e., smith.docx)**, attach a jpeg photograph of yourself, and email it to <u>info@fpca.com</u>.

Our instructors thank you in advance for providing this information no later than Friday, February 7, 2025. Please note: if we do not receive this form back by the due date, we will not be able to include it in training material. Thank you for understanding our printing deadline.

Full Name:
Agency:
Work Address:
Work Phone:
Work Email:
Cell phone:
Education:
Professional Experience

What are your expectation	ns of the New Poli	ce Chiefs Train	ing?		
Personal Information					
Nickname/Preferred Name	e:				
Hobbies/Items of Interest	About You:				
Month/Day of Birth:		Pets:			
Spouse or Significant Other:					
Agency Demographics					
Service Population:					
Jurisdiction Size (in squar	e miles):				
No. of Agency Sworn:		No. of Agency	/ Civilian:		
Agency Accredited: Yes	No No	CFA	CALEA		
How did you hear about this training?					
Please save this completed questionnaire by your last name and return it, along with a head shot of yourself, to info@fpca.com .					