

DITTCSPO Registration Form

***Please print clearly. This information will be***

***used for your certificate and official record.***

**SAM HOUSTON STATE UNIVERSITY**

**Drug Impairment Training for Texas Community Supervision and Parole Officers**

**(DITTCSPO) Course**

**TEMPLE**

**September 28, 2016**

**Contact Information**

Name

 **First Middle Last (Include Jr., Sr., etc.)**

Mailing Address ­­­­\_\_\_\_

 **Street or Box No. City State Zip**

Work Phone Fax Number

E-Mail Address

**Agency Information**

Agency Name: \_\_\_\_\_\_

Job Title:

Address: \_\_\_\_

  **Street or Box No. City State Zip**

How long have you been in this position?

**Course Information**

**Facility Name: TDCJ – Parole Temple District Office**

Course Location: 3606 Profit Place Temple TX Site Address City State

Signature \_\_\_\_\_\_\_\_ Date Signed

After completing Registration Form, please RETURN to SHSU staff

Email: dre@shsu.edu or Fax: 936.294.3263