

**Illinois Department of Corrections (IDOC)  
Specialized Training Program  
Proficiency Credit Program**

**Registration/Grade Form**

Academic Outreach Subdivision-Division of Academic Affairs  
Moraine Valley Community College-Palos Hills, IL 60465-0937

- **Print and complete this form.**
- Submit it to Academic Outreach Subdivision in B Building, Room B260.
- **OR, mail to:**  
Academic Outreach Subdivision, Moraine Valley Community College  
9000 W. College Pkwy.  
Palos Hills, IL 60465-0937  
Phone: (708) 974-5710

Date \_\_\_\_\_ **IDOC**  
[ ] **Specialized Training Program**

Name \_\_\_\_\_ **SSN** \_\_\_\_\_

Address \_\_\_\_\_ **Phone** \_\_\_\_\_

E-mail \_\_\_\_\_

(Office use: F 31 -101-Section \_\_\_\_\_ Total Fee \_\_\_\_\_)

**Student is to be registered in the listed courses.** (Liaison completes the course date/sponsor columns)

Course Code	Title	Credits	Course Date	Program	Course Sponsor
SLP-201	Special Security Problems	3		Control Tactics Instructor	IDOC
SOC-204	Sociology of Contemporary Social Problems	3		Cultural Diversity Instructor	IDOC
SLP-201	Special Security Problems	3		Firearms Range Instructor	IDOC
SLP-201	Special Security Problems	3		Firearms Range Instructor, Recertification	IDOC
SLP-201	Special Security Problems	3		Hostage Negotiations I	IDOC
CRJ-104	Investigation and Criminal Evidence	3		Institutional Investigator	IDOC
CRJ-106	Introduction to Corrections	3		Pre-Service Orientation Training	IDOC
FIS-105	Industrial Fire Protection	3		Prison Fire Safety	IDOC
FIS-103	Fire Prevention Principles I	3		Prison Fire Safety, Recertification	IDOC
SLP-201	Specialized Security Problems	3		Sniper/Observer	IDOC
EDU-110	Technology for Educators	3		Train-the-Trainer	IDOC

- A copy of IDOC (or IDOC Verification Form) and/or Illinois Law Enforcement Training and Standards Board certificate of training completion must be attached.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPROVAL:**

**CJS Partnership Liaison** \_\_\_\_\_ **Date** \_\_\_\_\_

**Academic Outreach Office** \_\_\_\_\_ **Date** \_\_\_\_\_

**Registrar** \_\_\_\_\_ **Date** \_\_\_\_\_

**Keep a completed copy of this form for your records.**