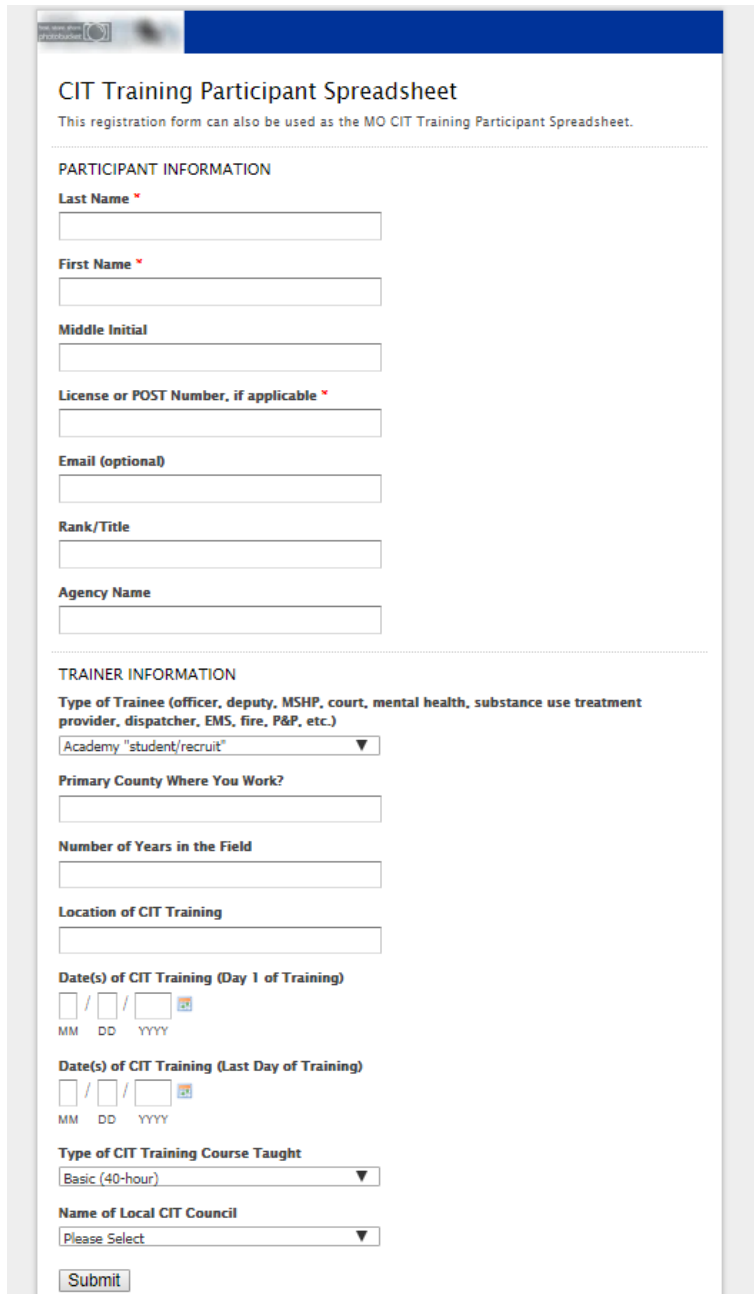




## Option 2:

CIT Coordinator, CIT Training Committee member enters the information online. Here is the link to be used:

<https://katiehorst.wufoo.com/forms/ssydz3c0wusfp6/>



The image shows a screenshot of a web-based registration form titled "CIT Training Participant Spreadsheet". The form is divided into two main sections: "PARTICIPANT INFORMATION" and "TRAINER INFORMATION".

**PARTICIPANT INFORMATION**

- Last Name** (required): Text input field.
- First Name** (required): Text input field.
- Middle Initial**: Text input field.
- License or POST Number, if applicable** (required): Text input field.
- Email (optional)**: Text input field.
- Rank/Title**: Text input field.
- Agency Name**: Text input field.

**TRAINER INFORMATION**

- Type of Trainee (officer, deputy, MSHP, court, mental health, substance use treatment provider, dispatcher, EMS, fire, P&P, etc.)**: Dropdown menu with "Academy 'student/recruit'" selected.
- Primary County Where You Work?**: Text input field.
- Number of Years in the Field**: Text input field.
- Location of CIT Training**: Text input field.
- Date(s) of CIT Training (Day 1 of Training)**: Date picker showing MM / DD / YYYY.
- Date(s) of CIT Training (Last Day of Training)**: Date picker showing MM / DD / YYYY.
- Type of CIT Training Course Taught**: Dropdown menu with "Basic (40-hour)" selected.
- Name of Local CIT Council**: Dropdown menu with "Please Select" selected.

At the bottom of the form is a "Submit" button.

### Option 3:

Local CIT Training Committee Chair creates their own WUFOO Registration link:

<https://www.wufoo.com/>

Use the above format for creating your registration form

The advantage of having participants enter the data is that your local council could have access to an **online registration**. This also creates a CIT Reporting Spreadsheet which can be provided electronically to the Coalition without having to re-enter the data for training participants.

CIT Participant Spreadsheet - 2022

#	Last Name	First Name	Middle Initial	License or POST Number, if applicable	Email Address (Optional)	Rank or Title	Agency Name	Type of Trainee (officer, deputy, MSHP, court, mental health, substance use treatment provider, dispatcher, EMS, fire, P&P, etc.)	Primary county where you work?	Number of years in the field
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Location of CIT Training	Date(s) of CIT Training (Day 1 of Training)	Date(s) of CIT Training (Last Day of Training)	Type of CIT Training Course Taught	Name of Local CIT Council

Instructions for creating your Online Registration Form: