NAME OF LOCAL CIT COUNCIL

 Crisis Intervention Team

Presents to

***NAME OF PARTICIPANT***

Has successfully completed Continuing Education Training

40 Hour Basic Crisis Intervention Team Training

Held DATE

At LOCATION

The Missouri POST Program has approved this course for “Approved Provider” training credit,

POST Control Number #

Provided by

NAME OF LOCAL CIT COUNCIL

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CIT Council Co-Chair

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CIT Council Chair