Certified Investigator Program (C.I.P.) Registration Request **Date: _____**

I am requesting enrollment for the following officer in the Certified Investigator Program:

Department / Agency Name: _____

This officer is currently a certified Law Enforcement Officer in the State of Mississippi with _____ years of experience. They are presently assigned to an investigative role or are in the process of transitioning into investigative duties.

I understand that the Certified Investigator Program consists of 280 instructional hours, delivered through weekly classes scheduled over several months.

We will make every reasonable effort to ensure the officer attends all scheduled sessions without absence. In the event that unforeseen circumstances prevent attendance, we agree to promptly notify MLEOTA so the participant's spot may be offered to another qualified candidate.

Requested by (Print Name): _____
Supervisor Title / Position: _____
Supervisor Signature: _____ Date: _____

Candidate Information (to be completed by the officer or requesting party)

Candidate Full Name: _____
Contact Telephone Number: _____
Candidate Email Address: _____

For CIP Use Only
Date Received by CIP: _____
Date Confirmed / Enrolled by CIP: _____
Notes (if any):
_____

Submission Instructions: Please complete this form and email it to: Kristi Peede
kpeede@mbn.ms.gov
A representative from the CIP division will contact you after receipt of this form.