



The office of Attorney General Steven Six Presents:

Amber Alert Task Force Training

Date:

October 19, 2010

Location:

Sedgwick County
Extension Office
Sunflower Room
7001 W. 21st North
Wichita, Ks. 67205

Times:

9:00 AM— 4:00 PM

Project Number:

LE110300

Course Description:

The AMBER Alert Program is a voluntary partnership between law-enforcement agencies, broadcasters, transportation agencies, and the wireless industry, to activate an urgent bulletin in the most serious child-abduction cases. The goal of an AMBER Alert is to instantly galvanize the entire community to assist in the search for and the safe recovery of the child. Topics include:

- The criteria that must be met to have an AMBER Alert issued in the state of Kansas
- The process for issuing the alert through the KBI
- Secondary alerts that can be used if the AMBER criteria is not met
- How victim advocates can be used during AMBER Alerts.

In addition, information will be presented on:

- “A Child is Missing”, a program that can be used as a secondary response if the criteria for an Amber Alert is not met;
- The Silver Alert program, a similar program for missing senior citizens, and others with disabilities;
- Child Abduction Response Teams (CART);
- Human Trafficking;
- Understanding and working with victims.

Instructors:

Members of the Kansas Attorney General’s Amber Alert Task Force Training Committee.

**Registration:**

All students must pre-register. Registrations are accepted up to the class size limit on a first-come-first served basis. To register, use the form on the back of this flyer, or go to the Kansas Law Enforcement Training Center website at www.kletc.org, click on the training events calendar, find the class and download the registration form. The registration deadline is one week prior to the start date of the class.



PO Box 647

Hutchinson KS 67504-0647

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Integrity is the Basis for Community Trust.

CONTINUING EDUCATION COURSE APPLICATION

APPLICANT INFORMATION		BOX 1
Applicant Name: (Last) _____ (First) _____ (Middle) _____		
Title/Rank:	Applicant's Social Security #:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Agency:		Agency E-Mail Address:
Agency Phone:		Applicant E-Mail Address: <input type="checkbox"/> Please add this address to the KLETC Continuing Education E-mail listserv for notification of upcoming classes and events
Agency Fax:		
Agency Mailing Address: (Street or PO Box) _____ (City) _____ (County) _____ (State) _____ (Zip) _____		

COURSE INFORMATION		BOX 2
Course Title: Amber Alert Task Force Training	Project Number: LE110300	Course Dates: October 19, 2010
Location of Course Sedgwick County Extension Office, Sunflower Room W. 21st St. & N.Ridge Road Wichita KS		Course Times: 0900 - 1600 hrs

MEALS AND LODGING		BOX 3
Meals and lodging and any costs incurred during this course will be the sole responsibility of the applicant and/or their agency, unless Criminal Investigations otherwise noted in the course description. Meals and lodging at KLETC are subject to limited availability, and are not guaranteed until confirmed. Lodging rates at KLETC are based upon double occupancy. Requests for single occupancy will be considered on a space available basis, at an additional cost. <input type="checkbox"/> I request meals and lodging		

SPECIAL ACCOMODATION		BOX 4
Pursuant to the Americans with Disabilities Act, KLETC will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Do You Request a Special Accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Comments: _____		

FEES		BOX 5
Commuter: \$ Free		
Meals & Lodging: \$ N/A		
Course fees vary		Please consult the course announcement.
Make checks or Purchase Orders payable to The University of Kansas at the address below.		

APPLICANT PRIORITY		BOX 6
If your agency is submitting more than one application for this course, circle the priority of THIS applicant: (highest) 1 2 3 4 5 (lowest)		

AGENCY EXECUTIVE AUTHORIZATION		BOX 7
(Name) _____	(Title) _____	(Signature) _____
		(Date) _____
Send completed application form to: KLETC Registrar PO Box 647 694-1420 Hutchinson, KS 67504-0647		For KLETC Use Only ENTERED Project # LE11300 Date: _____ By: _____
Questions regarding the application process should be directed to (620) 694-1525.		