BUCCAL SWAB COLLECTION TRAINING WORKSHEET

OFFICE OF ATTORNEY GENERAL
CRIME LABORATORY DIVISION
FORENSIC SECTION/DNA UNIT
SFN 59184 (02/2016)

Submit this form for staff receiving buccal swab collection training. (Do not reuse the form by adding additional names and resubmitting.) List the contact information of the person in charge of your agency's training.

Trainer Name (Last, First, Middle Initial)	**Telephone Number**

Individual 1

Name (Print legibly last, first, middle initial)		Agency Name & City (No Abbreviations)	
Training Date (MM/DD/YY)	Work E-Mail Address	Work Telephone Number	CJIS Login ID Only (If any)
Peace Officer Standards & Training Board Licence (If any)		Signature	

Individual 2

Name (Print legibly last, first, middle initial)		Agency Name & City (No Abbreviations)	
Training Date (MM/DD/YY)	Work E-Mail Address	Work Telephone Number	CJIS Login ID Only (If any)
Peace Officer Standards & Training Board Licence (If any)		Signature	

Individual 3

Name (Print legibly last, first, middle initial)		Agency Name & City (No Abbreviations)	
Training Date (MM/DD/YY)	Work E-Mail Address	Work Telephone Number	CJIS Login ID Only (If any)
Peace Officer Standards & Training Board Licence (If any)		Signature	

Individual 4

Name (Print legibly last, first, middle initial)		Agency Name & City (No Abbreviations)	
Training Date (MM/DD/YY)	Work E-Mail Address	Work Telephone Number	CJIS Login ID Only (If any)
Peace Officer Standards & Training Board Licence (If any)		Signature	

Individual 5

Name (Print legibly last, first, middle initial)		Agency Name & City (No Abbreviations)	
Training Date (MM/DD/YY)	Work E-Mail Address	Work Telephone Number	CJIS Login ID Only (If any)
Peace Officer Standards & Training Board Licence (If any)		Signature	

Individual 6

Name (Print legibly last, first, middle initial)		Agency Name & City (No Abbreviations)	
Training Date (MM/DD/YY)	Work E-Mail Address	Work Telephone Number	CJIS Login ID Only (If any)
Peace Officer Standards & Training Board Licence (If any)		Signature	

Return to: ND State Crime Laboratory, 2641 E. Main Ave., Bismarck, ND 58501
Additional forms are available at https://www.ag.nd.gov/CrimeLab/Information/GeneralForms/BuccalSwabCollection.pdf
Issuing Authority - HO