



Course Title: Middle Management – 40 Hours
Advanced Course #107

Instructor(s): Chief Michael Allen – Polk County Sheriff’s Office
Director Richard Wright – Polk County Sheriff’s Office
Lieutenant Frank Fitzgerald – Lakeland Police Department

Date(s): March 10 – 21, 2025

Time(s): 6:30PM – 10:30PM (Monday - Friday)

Location: Polk State College - Center for Public Safety
Kenneth C. Thompson Institute of Public Safety
1251 Jim Keene Blvd
Winter Haven, Florida 33880

Cost: Region 8 training funds will pay for Region 8 law enforcement and correctional officers as well as Region 8 support personnel (when seats are available). **Region 8 includes Polk, Hardee, Highlands, and Desoto counties.** Student applications from outside of Region 8 will be placed on a waiting list to fill any open seats not filled by Region 8 officers.

Description: This course is designed to prepare line supervisors and recently promoted mid-managers for the complex and demanding responsibilities of mid-management. It is recommended that students successfully complete the CJSTC Line Supervision course (Advanced #006) or an equivalent course of study prior to enrolling in this course. The Middle Management curriculum will build on the foundation set in Line Supervision. Students will be instructed in various areas of criminal justice managers, leadership, decision making, communications, media relations, fiscal management, policy making and compliance, and personnel management.

Student should bring with them the following items from their respective agency:

- Job descriptions for first line supervisors and middle managers
- Organizational chart
- Assigned unit/division budget
- Agency’s policy regarding ethics

This course qualifies for **salary incentive** and **mandatory retraining**. Only courses selected for salary incentive, with the following exceptions, will be entered into FDLE’s ATMS: all instructor courses, Breath Test Operator, Breath Test Operator Refresher, Agency Inspector, Agency Inspector Refresher, and Canine Team Training

Kenneth C. Thompson Institute of Public Safety
at Polk State College Center for Public Safety
1251 Jim Keene Blvd
Winter Haven, FL 33880
(863) 297-1045 fax / IPS@polk.edu / www.polk.edu/ips

POLK STATE COLLEGE
KENNETH C. THOMPSON INSTITUTE OF PUBLIC SAFETY
Training Authorization & Advanced/Specialized Course Registration

Student Authorization (Formerly CJSTC 15A)

Student Registration

Student Name: _____
(Last Name) (First Name) (FULL Middle Name) (Sr, Jr, etc)

Student SS#: _____ Student email: _____

Supervisor/email _____

Check one: Law Enforcement Corrections Correctional Probation Civilian

Agency Name: _____

Agency Address: _____
(Street) (city) (state) (zip)

Date of Birth MM / DD / YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Numbers Preferred: Work:
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Race (Required by the U.S. Office of Education Title VI Civil Rights Act of 1964)

<input type="checkbox"/> White (Non-Hispanic)	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Black (Non-Hispanic)	<input type="checkbox"/> Hispanic	

Note: Form MUST be completed in its entirety or the officer WILL NOT be registered. Ensure that you are using the most current form for this class. These forms are pre-filled for specific classes and located with the course announcement online <https://www.polk.edu/ips>.

Officers/Civilians in Region 8 are at \$0.00 fee. Officers/Civilians outside of Region 8 will be placed on a waiting list to fill any open seats not taken by Region 8 officers. Only courses selected for salary incentive will be entered into FDLE's ATMS, with the following exceptions: Instructor courses, Breath Test Operator/ Refresher, Agency Inspector / Refresher, and Canine Team Training.

Course #	Course Title	Dates	Time	Location
				Center for Public Safety

Course Credit (Check One): Salary Incentive Mandatory Retraining

Neither (support personnel/civilians only)

Authorized Agency Representative (please print): _____

Authorized Agency Signature: _____ Date: _____

Agency Contact Name: _____

Telephone Number: _____ Email: _____