

# De-Escalation Training Program

## Instructor Biography



Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Available for outside agency training? \_\_\_\_\_

Available for out of state training? \_\_\_\_\_

### Employment History:

Agency	Dates Employed	Position

### Formal Education:

Institution	Major	Degree?	Year Graduated

### Relevant Training Received:

Course	Date	Organization/Certification

### Law Enforcement Courses Taught:

Course	Date	Organization

### Other Pertinent Information:

\*\*Trainers may be required to travel to Arizona, New Mexico, Utah, California, Oregon, Washington, Alaska, Hawaii\*\*

Signature: \_\_\_\_\_

Return completed Bio and Resume to:

Robert Nevarez, De-Escalation Training Coordinator

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(702) 957-2391