

# Certificate of Completion

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This certifies that

**title**

**Name**

has completed the

Academic Training to Inform Police Responses:  
CRISIS RESPONSE AND INTERVENTION TRAINING

**Location | Date**

*Instructor Signature*

\_\_\_\_\_  
Instructor Name

*Instructor Signature*

\_\_\_\_\_  
Instructor Name



**BJA**

Bureau of Justice Assistance  
U.S. Department of Justice