



# SHIELD

## Frontline Leadership Training

### CWL - 0342 FDLE 9999

### 20 hours

**Instructor:**  
**LT Paul Normann (Ret)**

**Date(s):**  
**May 27-28, 2026**  
**Wednesday-Thursday**  
**Time: 0700 -1800**

**Location:**  
 St. Augustine  
 2990 College Dr.  
 St. Augustine, FL 32084  
 Bldg. J

**Cost:** No cost to officers in  
 Region V.

**Class Limit:** 24 students

**Dress Code:** Business Casual

NO Flip Flops, Shorts, Jeans,  
 Tank tops, or T-shirts unless  
 specified.

**All questions should be  
 directed to:**

**Jo-Ann Beal** Assistant  
 (904) 808-7491  
[joannbeal@sjrstate.edu](mailto:joannbeal@sjrstate.edu)

**Brian Harrington** –  
 Instructor/Coordinator  
 904-808-7421  
[brianharrington@sjrstate.edu](mailto:brianharrington@sjrstate.edu)

Step into a fast-paced, two-day leadership immersion built for today’s law enforcement supervisors. This **20-hour, scenario-driven course (10 hours per day)** equips current and aspiring leaders with the tools and confidence needed to manage personnel, operations, and critical incidents across patrol, investigations, and corrections. Through hands-on exercises, realistic command simulations, and proven leadership frameworks, participants will strengthen performance leadership skills, create effective yearly performance expectations, and apply performance improvement plans for deputies and sergeants. The course features the **C.A.R.E. Model** for resolving personnel and operational challenges and the **T.N.T. Command Simulation** to sharpen decision-making under pressure through tabletop tactical scenarios. Participants receive a training textbook and workbook, an electronic folder of completed work, and a certificate of completion—all grounded in the training motto, **“Train to Lead. Lead to Protect.”**

**Deadline for Registration:** **May1, 2026**

**Please Print Clearly or Type**

Officer’s Name: \_\_\_\_\_

**(FULL NAME AS IT APPEARS IN ATMS)**

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# last 4 \_\_\_\_\_

Officer’s Email Address:  
 \_\_\_\_\_

Agency \_\_\_\_\_ Agency’s Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**The section below must be completed by the agency’s  
 authorized training personnel.**

Sworn LEO \_\_\_\_\_ Salary Incentive: \_\_\_\_\_

Sworn Corrections \_\_\_\_\_ Mandatory Retraining: \_\_\_\_\_

Civilian Employee \_\_\_\_\_

Authorization Signature \_\_\_\_\_

Printed Authorization Name: \_\_\_\_\_