SHIELD
Frontline Leadership Training
CWL - 0342 FDLE 9999
24 hours

Instructor:
LT Paul Normann (Ret)

Date(s):
February 16 - 18, 2027
Tuesday- Thursday
Time: 0800-1700

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
joannbeal@sjrstate.edu
904-808-7491

Brian Harrington – Instructor/Coordinator
904-808-7421
brianharrington@sjrstate.edu

Step into a fast-paced, two-day leadership immersion built for today's law enforcement supervisors. This **24-hour, scenario-driven course (8 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: January 29, 2027

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 _____
Sworn Corrections____ Mandatory Retraining: ____
Civilian Employee_____

Authorization Signature _____

Printed Authorization Name: _____