

**DEPARTMENT OF FORENSIC SCIENCE  
REPORT OF TRAINING/CONFERENCE ATTENDANCE**

Name (Last, First): \_\_\_\_\_ Laboratory: C E N W

Program Title: \_\_\_\_\_

Brief Description Of Course Content:

VIRGINIA  
DEPARTMENT  
OF  
FORENSIC SCIENCE

Date(s): \_\_\_\_\_  
(Start date / End Date)

Sponsor: \_\_\_\_\_

Type of Training/Conference (Check all applicable):

- Scientific, Technical
- Computer
- Managerial, Supervisory
- Secretarial, Clerical
- Other \_\_\_\_\_

Evaluate the benefits obtained through this training.

\_\_\_\_\_

Would you recommend this training to others?

UNCONTROLLED

ATTACH COPY OF CERTIFICATE OF COMPLETION (If received)

FORWARD TO PROGRAM MANAGER THEN LABORATORY DIRECTOR

Program Manager Review: \_\_\_\_\_

Laboratory Director Review: \_\_\_\_\_