



Department of Criminal Justice Services Field Training for Jail Deputies and Officers

Name: _____ SSN: _____

Department Name: _____

Academy Attended: _____

Academy Completion Date: _____

Field Training Section	Performance Outcomes	Date Completed	Not Applicable	Field Training Instructor Initials
Department Policies, Procedures, and Operations	# 9.1 – 9.31			
Use of Force, Weapons Use	# 9.32 - 9.37			
Transporting Prisoners	# 9.38 – 9.40			
Safety Training	# 9.41 – 9.44			
General Tasks	#9.45 – 9.61			

I certify that that the above referenced jail deputy or officer has demonstrated competency in all the performance outcomes listed on this form in compliance with §9-170(8) of the Code of Virginia (1950) as amended, and the regulations of the Criminal Justice Services Board.

Signature of Agency Administrator

Date