



Department of Criminal Justice Services Field Training for Civil Process Officers

Officers Name: _____ Social Security #: _____

Department: _____

Academy Attended: _____

Academy Completion Date: _____

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
Department Policies, Procedures and Operations			
9.1	/ /		
9.2	/ /		
9.3	/ /		
9.4	/ /		
9.5	/ /		
9.6	/ /		
Public Safety Response to Terrorism			
9.7	/ /		
** 9.7 will be repealed as of 1/1/2018 and no longer required in Civil Process Field Training**			
9.8	/ /		
9.9	/ /		
Use of Force, Weapons Use			
9.10	/ /		

I certify that the above referenced officer has demonstrated competency in all the Civil Process Officer performance outcomes listed on this form, in compliance with §9.1-102 of the Code of Virginia (1950) as amended, 6VAC20-50-40 Virginia Administrative Code and the regulations of the Criminal Justice Services Board.

Signature of Sheriff

Date