



**Commonwealth of Virginia  
Virginia Department of Criminal Justice Services**

**On-the-Job Training for Dispatchers (Form D-1)**

Dispatcher's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Agency: \_\_\_\_\_

Academy Attended: \_\_\_\_\_

Academy Completion Date: \_\_\_\_\_

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
5.1	/ /		
5.2	/ /		
5.3	/ /		
5.4	/ /		
5.5	/ /		
5.6	/ /		
5.7	/ /		
5.8	/ /		
5.9	/ /		
5.10	/ /		
5.11	/ /		
5.12	/ /		
5.13	/ /		
5.14	/ /		
5.15	/ /		
5.16	/ /		
5.17	/ /		
5.18	/ /		
5.19	/ /		
5.20	/ /		
5.21	/ /		
5.22	/ /		
5.23	/ /		
5.24	/ /		
5.25	/ /		
5.26	/ /		
5.27	/ /		
5.28	/ /		
5.29	/ /		
5.30	/ /		
5.31	/ /		
5.32	/ /		
5.33	/ /		
5.34	/ /		
5.35	/ /		

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Virginia Department of Criminal Justice Services**

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Outcome	Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
5.36	/ /		
5.37	/ /		
5.38	/ /		
5.39	/ /		
5.40	/ /		
5.41	/ /		
5.42	/ /		
5.43	/ /		
5.44	/ /		
5.45	/ /		
5.46	/ /		
5.47	/ /		
5.47.1	/ /		
5.47.2	/ /		
5.48	/ /		
5.49	/ /		
5.50	/ /		
5.51	/ /		
5.52	/ /		
5.53	/ /		
5.54	/ /		
5.55	/ /		
5.56	/ /		
5.57	/ /		
5.58	/ /		
5.59	/ /		
5.60	/ /		
5.61	/ /		
5.62	/ /		
5.63	/ /		
5.64	/ /		
5.65	/ /		
5.66	/ /		
5.67	/ /		
5.68	/ /		
5.69	/ /		
5.70	/ /		

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*I certify that the above referenced officer has demonstrated competency in all the performance outcomes listed on this form, in compliance with §9.1-102 of the Code of Virginia (1950) as amended, 6VAC20-60-40 Virginia Administrative Code and the regulations of the Criminal Justice Services Board.*

\_\_\_\_\_  
Signature of Agency Administrator

\_\_\_\_\_  
Date