Commonwealth of Virginia

Form B-13

Department of Criminal Justice Services

**FIELD TRAINING FORM — Requirements and Instructions**

|  |  |  |
| --- | --- | --- |
|  | **Initial the appropriate box** | |
|  | **Field Training  Officer** | **Agency Administrator** |
| **1 a. The field training has been completed within 12 months of the date of hire or appointment. Individuals who have been granted an extension should initial YES. If YES is the correct response proceed to question 2.** *(Professionals who fail to complete field training within 12 months of hire or appointment are not certified officers.)*  **1 b.** **If the answer to question 1 a is NO sign here and return the form to the Department at the address below**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (field training officer signature) | **Yes**  **No** | **Yes**  **No** |
| **2. The demographic information on page 2 of this form is accurate, complete, and is typed or printed in legible handwriting.** | **Yes**  **No** | **Yes**  **No** |
| **3. The field training officer has provided an original signature on page 1, and for each line documenting completion of each performance outcome on pages 2, 3, and 4.** *(The Department (DCJS) does not accept digital or stamped signatures or one signature for multiple lines.)* | **Yes**  **No** | **Yes**  **No** |
| **4. Every performance outcome has been documented as completed on pages 2, 3, 4.** *(The Department does not accept Field Training forms documenting “Not Applicable or “N/A”.)* | **Yes**  **No** | **Yes**  **No** |
| **5. The officer has completed a minimum of 100 hours of field training in conjunction with responding to calls for law enforcement service.** | **Yes**  **No** | **Yes**  **No** |
| **6. The** [**agency administrator**](https://law.lis.virginia.gov/admincode/title6/agency20/chapter20/section10/) **has provided an original signature on pages 1  and 4.** *(The Department does not accept digital or stamped signatures.)* | **Yes**  **No** | **Yes**  **No** |
| **7. The completed field training form pages 1–4 will be mailed or emailed to the Department within 60 days of the professional completing field training.** | **Yes**  **No** | **Yes**  **No** |

**I have read and reviewed the requirements above and attest this document is accurate and complete. Incomplete forms will be returned to the agency. The agency shall be responsible for resubmitting an accurate and complete form.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field Training Officer** |  | | **Date** |  |
|  | | *Signature* |  |  |
| **Agency Administrator** | |  | **Date** |  |
|  | | *Signature* |  |  |

Completed Field Training forms shall be scanned and emailed to [etrain@dcjs.virginia.gov](mailto:etrain@dcjs.virginia.gov)   
or mailed to the following address:

Virginia Department of Criminal Justice Services

Attn: Law Enforcement Division Field Training Form

1100 Bank Street, Richmond, VA 23219

Commonwealth of Virginia

Form B-13

Department of Criminal Justice Services

**FIELD TRAINING FOR LAW ENFORCEMENT OFFICERS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Officer’s Name: | |  | | | | Social Security #: |  |
| Agency: |  | | | | | | |
| Academy Attended: | | |  | | | | |
| Academy Completion Date: | | | |  | Field Training Completion Date: | | |

| **Performance Outcome** | | **Date of Completion** | | **Printed Name  of Field Training Officer** | **Signature of  Field Training Officer** |
| --- | --- | --- | --- | --- | --- |
| **DEPARTMENT POLICIES, PROCEDURES, AND OPERATIONS** | | | | | |
| 10.1 | /    / | |  | |  |
| 10.2 | /    / | |  | |  |
| 10.3 | /    / | |  | |  |
| 10.4 | /    / | |  | |  |
| 10.5 | /    / | |  | |  |
| 10.6 | /    / | |  | |  |
| 10.7 | /    / | |  | |  |
| 10.8 | /    / | |  | |  |
| 10.9 | /    / | |  | |  |
| 10.10 | /    / | |  | |  |
| 10.11 | /    / | |  | |  |
| 10.12 | /    / | |  | |  |
| 10.13 | /    / | |  | |  |
| 10.14 | /    / | |  | |  |
| 10.15 | /    / | |  | |  |
| 10.16 | /    / | |  | |  |
| 10.17 | /    / | |  | |  |
| 10.18 | /    / | |  | |  |
| 10.19 | /    / | |  | |  |
| 10.20 | /    / | |  | |  |
| 10.21 | /    / | |  | |  |
| 10.22 | /    / | |  | |  |
| 10.23 | /    / | |  | |  |
| 10.24 | /    / | |  | |  |
| 10.25 | /    / | |  | |  |
| 10.26 | /    / | |  | |  |
| 10.27 | /    / | |  | |  |
| 10.28 | /    / | |  | |  |
| 10.29 | /    / | |  | |  |
| 10.30 | /    / | |  | |  |
| 10.31 | /    / | |  | |  |
| 10.32 | /    / | |  | |  |
| 10.33 | /    / | |  | |  |
| 10.34 | /    / | |  | |  |
| 10.35 | /    / | |  | |  |
| 10.36 | /    / | |  | |  |
| 10.37 | /    / | |  | |  |
| 10.38 | /    / | |  | |  |

| **Performance Outcome** | | **Date of Completion** | | **Printed Name  of Field Training Officer** | **Signature of  Field Training Officer** |
| --- | --- | --- | --- | --- | --- |
| 10.39 | /    / | |  | |  |
| 10.40 | /    / | |  | |  |
| 10.41 | /    / | |  | |  |
| 10.42 | /    / | |  | |  |
| 10.43 | /    / | |  | |  |
| 10.44 | /    / | |  | |  |
| 10.45 | /    / | |  | |  |
| 10.46 | /    / | |  | |  |
| **LOCAL GOVERNMENT STRUCTURE AND LOCAL ORDINANCES** | | | | | |
| 10.47 | /    / | |  | |  |
| 10.48 | /    / | |  | |  |
| 10.49 | /    / | |  | |  |
| 10.50 | /    / | |  | |  |
| 10.51 | /    / | |  | |  |
| 10.52 | /    / | |  | |  |
| **COURT SYSTEMS, PERSONNEL, FUNCTIONS, AND LOCATIONS** | | | | | |
| 10.53 | /    / | |  | |  |
| 10.54 | /    / | |  | |  |
| 10.55 | /    / | |  | |  |
| 10.56 | /    / | |  | |  |
| **RESOURCES AND REFERRALS** | | | | | |
| 10.57 | /    / | |  | |  |
| 10.58 | /    / | |  | |  |
| 10.59 | /    / | |  | |  |
| **RECORDS AND DOCUMENTATION** | | | | | |
| 10.60 | /    / | |  | |  |
| 10.61 | /    / | |  | |  |
| 10.62 | /    / | |  | |  |
| 10.63 | /    / | |  | |  |
| 10.64 | /    / | |  | |  |
| 10.65 | /    / | |  | |  |
| 10.66 | /    / | |  | |  |
| 10.67 | /    / | |  | |  |
| 10.68 | /    / | |  | |  |
| **ADMINISTRATIVE HANDLING OF MENTAL HEALTH CASES** | | | | | |
| 10.69 | /    / | |  | |  |
| 10.70 | /    / | |  | |  |
| 10.71 | /    / | |  | |  |
| 10.72 | /    / | |  | |  |
| **LOCAL JUVENILE PROCEDURES** | | | | | |
| 10.73 | /    / | |  | |  |
| 10.74 | /    / | |  | |  |
| 10.75 | /    / | |  | |  |
| 10.76 | /    / | |  | |  |
| 10.77 | /    / | |  | |  |

| **Performance Outcome** | | **Date of Completion** | | **Printed Name  of Field Training Officer** | **Signature of  Field Training Officer** |
| --- | --- | --- | --- | --- | --- |
| **DETENTION FACILITIES AND BOOKING PROCEDURES** | | | | | |
| 10.78 | /    / | |  | |  |
| 10.79 | /    / | |  | |  |
| 10.80 | /    / | |  | |  |
| 10.81 | /    / | |  | |  |
| **FACILITIES AND TERRITORY FAMILIARIZATION** | | | | | |
| 10.82 | /    / | |  | |  |
| 10.83 | /    / | |  | |  |
| 10.84 | /    / | |  | |  |
| 10.85 | /    / | |  | |  |
| 10.86 | /    / | |  | |  |
| 10.87 | /    / | |  | |  |
| 10.88 | /    / | |  | |  |
| 10.89 | /    / | |  | |  |
| **MISCELLANEOUS** | | | | | |
| 10.90 | /    / | |  | |  |
| 10.91 | /    / | |  | |  |
| 10.92 | /    / | |  | |  |
| 10.93 | /    / | |  | |  |
| 10.94 | /    / | |  | |  |
| 10.95 | /    / | |  | |  |

*I certify that the referenced officer has completed a minimum of 100 hours of field training and has demonstrated competency in all the law enforcement performance outcomes in conjunction with responding to calls for law enforcement service, in compliance with §9.1-102 of the Code of Virginia (1950) as amended, 6VAC20-20-40 Virginia Administrative Code and the regulations of the Criminal Justice Services Board.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency Administrator** |  | | **Date:** |  |
|  | | *Signature* |  |  |