Commonwealth of Virginia

Form CP-1

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 1a 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 page 2.** *(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.** *(The Department does not accept Field Training forms documenting “Not Applicable or “N/A”.)* | **Yes**  **No** | **Yes**  **No** |
| **5. The agency administrator has provided an original signature on pages 1 and 2.** *(The Department does not accept digital or stamped signatures.)* | **Yes**  **No** | **Yes**  **No** |
| **6. The completed field training form pages 1–2 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* |  | |  | | |
| **Sheriff** | |  | | | **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 CP-1

Department of Criminal Justice Services

**FIELD TRAINING FOR CIVIL PROCESS 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** | | | | |
| 9.1 | /    / | |  |  |
| 9.2 | /    / | |  |  |
| 9.3 | /    / | |  |  |
| 9.4 | /    / | |  |  |
| 9.5 | /    / | |  |  |
| 9.6 | /    / | |  |  |
| **PUBLIC SAFETY RESPONSE TO TERRORISM** | | | | |
| 9.7 |  | | \*\* 9.7 is 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.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sheriff** |  | | | | **Date:** |  |
|  | | *Signature* |  |  | | | |