



Department of Criminal Justice Services On-the-Job-Training for Dispatchers

**Submit to: Department of Criminal Justice Services
1100 Bank Street, Richmond, VA 23219**

Officers Name: _____ Social Security #: _____

Department: _____

Academy Attended: _____

Academy Completion Date: _____

| PO | Date Completed | Instruct or Initials |
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I certify that the above referenced dispatcher has demonstrated competency in all the performance outcomes listed on this form.

Signature of Agency Administrator

Date