



Commonwealth of Virginia
 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The demographic information on page 2 of this form is accurate, complete, and is typed or printed in legible handwriting.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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".)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The officer has completed a minimum of 100 hours of field training.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. The agency administrator has provided an original signature on pages 1 and 4. (The Department does not accept digital or stamped signatures.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Chief of Police or Sheriff _____ Date _____
Signature

Completed Field Training forms shall be scanned and emailed to 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
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	/ /		
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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 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.

Chief of Police/Sheriff _____ Date: _____
Signature