



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

Field Training/On the Job Training Completion Form

(Form FTO/OJT)

Upon completion of the required field training/on-the-job training, submit this form at etrain@dcjs.virginia.gov or FAX to (804) 786-0410. Forms B-13, J-1, D-1, CS-1, CP-1, A-2 and A-3 must remain on file at the agency for inspection.

The following officer has completed the compulsory minimum trainings standard for Field Training/On-the-Job Training:

Name of Officer: _____

Agency: _____

Social Security #: _____

Law Enforcement Officer (100 hours)

Date of Completion: _____

Jail Officer/Deputy

Date of Completion: _____

Court Security Deputy

Date of Completion: _____

Civil Process Deputy

Date of Completion: _____

Communications Officer

Date of Completion: _____

I certify that the above referenced officer has demonstrated competency in all of the field training performance outcomes in compliance with §9.1-102 of the Code of Virginia (1950) as amended, 6VAC20-20-21, 6VAC20-20-40, 6VAC20-50-20, 6VAC20-50-40, 6VAC20-60-20 and 6VAC20-60-40 Virginia Administrative Code and the regulations of the Criminal Justice Services Board.

Date

Signature of Agency Administrator

Printed Name of Agency Administrator

Contact phone number

Email Address

Auxiliary Police Officer Level One (100 hours)

Date of Completion: _____

Auxiliary Police Officer Level Two

Date of Completion: _____

Auxiliary Police Officer Level Three

Date of Completion: _____

I certify that the above referenced officer has demonstrated competency in the applicable criteria of the field training performance outcomes in compliance with §9.1-102 of the Code of Virginia (1950) as amended, 6VAC20-20-21, Virginia Administrative Code and the regulations of the Criminal Justice Services Board.

Date

Signature of Compensated Chief of Police or Sheriff

Printed Name of Compensated Chief of Police or Sheriff

Contact phone number

Email Address