



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

On-the-Job Training for Dispatchers (Form D-1)

Dispatcher's Name: _____ Social Security #: _____

Agency: _____

Academy Attended: _____

Academy Completion Date: _____

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
5.1			
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**Commonwealth of Virginia
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On-the-Job Training for Dispatchers (Form D-1)

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
5.36			
5.37			
5.38			
5.39			
5.40			
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5.43			
5.44			
5.45			
5.46			
5.47			
5.47.1			
5.47.2			
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5.70			

I certify that the above referenced officer has demonstrated competency in all the performance outcomes listed on this form, 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.

Signature of Agency Administrator

Date