



# Application for a Field Training Officer Certification Extension

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

Last four digits of applicant's social security number: \_\_\_\_\_

I am requesting an extension of my current Field Training Officer (FTO) certification as I failed to attend the required FTO Update class.

DATE MY FTO CERTIFICATION EXPIRED: \_\_\_\_\_

DATE I SUCCESSFULLY COMPLETED THE FTO CERTIFICATION COURSE OR I LAST ATTENDED A FTO UPDATE CLASS: \_\_\_\_\_

REASON FOR NOT ATTENDING A FTO UPDATE CLASS: \_\_\_\_\_

**INCLUDE ANY ADDITIONAL PAPERWORK AS NECESSARY.**

The information contained herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, being the agency head (or designee) for the applicant's agency, do hereby approve this request for an extension of applicant's FTO certification. Except for the failure in meeting the FTO Update class attendance requirement, I believe the applicant to be capable of meeting all other FTO responsibilities and duties.

\_\_\_\_\_  
Agency head/Designee's Signature

\_\_\_\_\_  
Date

### Staff Use Only

Date received: \_\_\_\_\_ Date TC reviewed: \_\_\_\_\_

Date approved by Director: \_\_\_\_\_ Cert. extended to: \_\_\_\_\_

Date **NOT** approved by Director: \_\_\_\_\_ Reason: \_\_\_\_\_

Send completed form to the Academy's FTEP Coordinator by:  
Fax: (802) 483-2343 **or** Mail: VT Police Academy, 317 Academy Road, Pittsford, VT 05763