



Application for Field Training Officer Certification and Re-certification

Field Training Officer (FTO) certification classification:

- Initial FTO Certification
- FTO Re-certification

Date of Application: _____

Name: _____

Agency: _____

Agency Address: _____

Last four digits of applicant's social security number: _____

E-mail Address: _____

Agency Phone: _____

<u>Staff Use Only</u>
Date received: _____
Date TC reviewed: _____
Date approved by Director: _____

IF "INITIAL FTO CERTIFICATION": LIST THE DATE THAT YOU SUCCESSFULLY COMPLETED A FTO SCHOOL (WHICH HAS BEEN APPROVED BY THE COUNCIL). _____

IF "FTO RE-CERTIFICATION": LIST THE DATE THAT YOU LAST ATTENDED A FTO UPDATE CLASS (WHICH HAS BEEN APPROVED BY THE COUNCIL). _____

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 the applicant's request for FTO certification (or, as needed, re-certification). I believe the applicant to be capable of meeting all FTO responsibilities and duties and recommend that the VCJTC issue the applicant a FTO Certification.

Agency head/Designee's Signature Date

Send completed form to the Academy's FTEP Coordinator by: Fax: (802) 483-2343, Mail: VT Police Academy, 317 Academy Road, Pittsford, VT 05763, <u>or</u> Kenneth.Hawkins@vermont.gov
