



Level II Expansion of Scope of Practice Application

Last Name:	First Name:	MI:	DOB:
Last 4 Digits of SS#:		Part-Time Certification Date:	
Agency:			

To apply for the status of Level II Expansion of Scope of Practice (Level II-E) an officer must have:

- been employed for a minimum of 3 years prior to 7/1/2015.
- worked a minimum of 3000 hours since 7/1/2010.
- performed duties that consisted primarily of the investigation and enforcement of criminal, juvenile and motor vehicle laws as detailed below.

Employment Hours

Year of Employment	Primary Agency	Secondary Agency	Secondary Agency
2010			
2011			
2012			
2013			
2014			
1/1/2015 to 7/1/2015			
Total			

Head of Agency Certification

I, undersigned, declare upon oath and under penalty of perjury that I am the Agency Authority of the person listed above and I further declare that the person listed has complied with all marked criteria for the requested expansion.

ATTEST: _____
Agency Head Signature, Title Date

Subscribed and sworn before me this _____ day of _____, _____ in the city of _____, county of _____, State of Vermont, in the United States of America.

Notary Public Commission Expires

VCJTC Staff Use Only

Approved: _____	Date: _____
Rejected:: _____	Date: _____

Send completed form to the Academy's Administrative Services Coordinator by:
 Fax: (802) 483-2343 **or** Mail: VT Police Academy, 317 Academy Road, Pittsford, VT 05763 **or** Email: Gail.Williams@vermont.gov