



2019 VCJTC Level II Completion Worksheet

Name		VCJTC ID NO:
Agency:		PL ELII Date:
PLEL II Exp Date:	Ext. Date:	PL Academy Date:
Phase Two (Training) Total Hours:		Date Completed:
Bloodborne	Total Hours:	Date Completed:
Crime Scene	Total Hours:	Date Completed:
Domestic Violence	Total Hours:	Date Completed:
Fair and Impartial	Total Hours:	Date Completed:
Fire Extinguisher	Total Hours:	Date Completed:
First Aid	Total Hours:	Date Completed:
NCIC	Total Hours:	Date Completed:
Haz Mat	Total Hours:	Date Completed:
ICS	Total Hours:	Date Completed:
Mental Health	Total Hours:	Date Completed:
SAR	Total Hours:	Date Completed:
Animal Cruelty	Total Hours:	Date Completed:
Use of Force	Total Hours:	Date Completed:
Non-Required Hours:		
Phase Three (FTEP) Total Hours:		Date Completed:
FTO		Exp:
FTO		Exp:
FTO		Exp:
FTO		Exp:
FTEP-2 completed? <i>(check one)</i>		Date:
Yes	No	
FTEP-3 Signed by FTO and Trainee? <i>(check one)</i>		Date:
Yes	No	
Was the PTAR signed by the Agency Head and Trainee?		
Yes	No	
Complete within the year?		
Yes	No	
PPTE (PT Process Evaluation Form) received and filed?		
Yes	No	
FTO TC Approval:		Director of Training:
Certification Date:		