



Application for a Field Training Officer Certification: Out-of-State

Date of Application: _____

Name: _____

E-mail Address: _____

Agency: _____

Agency Phone: _____

Agency Address: _____

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

I am requesting my attendance of a field training officer certification course that I have attended in another state to be recognized as meeting, or exceeding, Vermont's Field Training Officer Certification Course.

DATES OF THE FTO CERTIFICATION COURSE I ATTENDED:

THIS TRAINING WAS SPONSORED BY:

THE LEAD INSTRUCTOR(S) WAS/WERE:

THIS COURSE WAS BASED ON THE SAN JOSE FTO MODEL: YES NO

COPY OF CERTIFICATE OF COMPLETION/ATTENDANCE WAS PROVIDED: YES NO

COURSE MATERIAL WAS PROVIDED, IF REQUESTED: YES NO N/A

IF THERE IS MORE THAN A TWO YEAR DIFFERENCE BETWEEN THE ATTENDANCE OF THIS COURSE AND THIS APPLICATION, HAVE YOU TAKEN ANY ADDITIONAL FTO RELATED COURSES : YES NO N/A

IF YES, PLEASE DESCRIBE WHAT ADDITIONAL FTO RELATED COURSES YOU HAVE TAKEN:

IF APPLICABLE, WHEN WAS THE LAST TIME YOU WORKED WITH A TRAINEE:

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 recognition this officer's out-of-state FTO certification training. I also believe the applicant to be capable of meeting all FTO responsibilities and duties.

Agency head/Designee's Signature

Date

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

Staff Use Only

Date received: _____

DATES OF COURSE:

COURSE LENGTH (IN HOURS): _____

SAN JOSE FTO MODEL: YES NO

WAS THE COURSE MATERIAL REVIEWED: YES NO N/A*

*REASON FOR NO REVIEW OF MATERIAL:

WAS THERE MORE THAN A TWO YEAR DIFFERENCE BETWEEN THE ATTENDANCE OF THIS COURSE AND THIS APPLICATION: YES NO

IF YES, WAS THERE ADDITIONAL FTO RELATED COURSES TAKEN: YES NO

LAST TIME THE FTO HAD A TRAINEE:

DATE WHEN APPLICANT MET WITH THE FTEP COORDINATOR:

- REVIEW OF VERMONT FTEP FORMS
- LEVEL I, LEVEL II, AND WAIVER OFFICER FTEP DESCRIBED
- LEVEL I AND LEVEL II MANUAL GIVEN
- FTO CERTIFICATION MAINTENANCE DESCRIBED

TC recommendation:

- Approval, immediate certification
- Approval, after completion of FTO Update

Date TC of recommendation: _____

Certification Date: _____ Expiration Date: _____

Director's recommendation:

- Date approved by Director: _____
- Date NOT approved by Director: _____

Reason(s) for NOT approving: