



VCJTC Use of Force & Tactics Reporting

| | | | |
|----------------|---------------|----------------------|------|
| Student's Name | EMILY LEINOFF | Last 4 digits of SSN | 1234 |
| Agency | VCJTC | | |

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My signatures below indicate that I certify that I am a VCJTC Use of Force and Tactics certified instructor in good standing with the Vermont Criminal Justice Training Council for each of the skills indicated below as completed, and that I have provided training to the above named student in accordance with the minimum standards set forth by the Council.

| MDTS - Monadnock Defensive Tactics System | | | |
|---|------------------|------------|-------------|
| Date | 7/26 - 7/28 2014 | Instructor | J. WILLIAMS |
| Instructor's Signature | | | |

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| Baton (optional) | | | |
|--|-----------|------------|-------------|
| <i>Complete the section for the baton in which training was provided</i> | | | |
| MEB | | | |
| Date | 7/28/2014 | Instructor | J. WILLIAMS |
| Instructor's Signature | | | |

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| PR24 | | | |
|------------------------|--|------------|--|
| Date | | Instructor | |
| Instructor's Signature | | | |

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| OC - Oleoresin Capsicum (optional) | | | |
|--|---------|------------|-------------|
| <i>Use of Force Instructors may complete the full OC training to include the exposure portion of the training.</i> | | | |
| Date | 7/29/14 | Instructor | J. WILLIAMS |
| Instructor's Signature | | | |

Cannot be the same person

My signature below indicates that I am a VCJTC Use of Force and Tactics certified instructor in good standing with the Vermont Criminal Justice Training Council and that I have been designated as an authorized tester for each of the skills indicated below. Furthermore, I have tested the above named student in the skills indicated in accordance with the minimum standards set forth by the Council and the above named student has successfully passed the written and proficiency test associated with each skill.

| Testing | | | |
|--|--------------|---|--|
| <i>This section is to be completed by an Academy approved tester.</i> | | | |
| Date | 8/1/14 | <input checked="" type="checkbox"/> MDTS <input checked="" type="checkbox"/> MEB <input type="checkbox"/> PR24 <input checked="" type="checkbox"/> OC | |
| <input checked="" type="checkbox"/> Copies of all written tests and proficiency sheets are attached to this form | | | |
| Tester's Name | Sara Couture | | |
| Tester's Signature | | | |
| Tester, please send completed form to the Police Academy: | | | |
| Fax: (802) 483-2343 or Mail: VT Police Academy, 317 Academy Road, Pittsford, VT 05763 or Email: T.J.Anderson@state.vt.us | | | |

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Must be completed by a VCJTC tester

| Academy Use Only | |
|---|--|
| Date Entered into Skills Manager | |
| Date Instructor Certifications Verified | |
| Date Filed | |

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This must be completed at a minimum for non-provisional certification to be issued

If the instructor providing the training does the testing and the student successfully completes it, write "completed" next to the date.

Instructions for completing the Use of Force and Tactics Reporting form

This form will be used to report to the academy that a person who is seeking non-provisional part time certification has received the minimum training requirements set forth by the Council in Use of Force and Tactics to meet the Phase 2 requirements of the part time process. This form must be completed by a currently certified Use of Force and Tactics instructor who is certified to teach the skills that are signed off on, and a VCJTC appointed UOF and T tester. Testers can be located by contacting Jason Williams at the academy at the contact numbers listed below. A UOF and T instructor may train and have tested a student in MDTS in order to have the student's non-provisional certification issued, and then train and have tested on the remaining skills at a later date. In the case of the latter, the tester will complete a second form for the student, indicating in the MDTS block that the training has already been successfully completed by this student.

Section 1: Include the student's full name, agency and last four of the social security number. Please write out the full name of the municipality or county that the student represents, for example: "Windsor CSD" and not "WCSD", or "Windsor PD" not "WPD".

Section 2: For initial non-provisional certification this part must be completed by one of the instructors who provided the training for the student. Please include all of the dates that the training was provided.

Section 3: Indicate which baton the student was trained in by adding the date, one of the instructor's names who provided the training, and the same instructor's signature. If the student received training in both batons, both sections may be completed. If the student did not receive any baton training, it may be left blank.

Section 4: If the student received only training in OC, then the instructor who provided the training will sign off in this section. If the student received the training and successfully completed the written test and participated in the exposure please write the word "completed" in this section next to the date. The instructor who provided the training may complete the testing process and the exposure to satisfy the Council requirements to carry OC.

Section 5: This section is to be completed by the VCJTC appointed tester only at the completion of the testing process. The tester will include the date that the testing took place and will check off the areas that the student successfully completed the testing process for. The tester cannot test or check off for any area that does not have a signature indicating that training has been provided in that skill. The tester should make copy of this form and send the original to the academy, and make copies of the written test and proficiency sheets and send the copies to the academy. The tester should provide the student's agency with the copy of this form and the original written tests/proficiency sheets.

Section 6: This section is for the academy's use to record the student's skill's completions.