

Field Training Program Completion Record/ Competency Attestation

REPORT DATE _____

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Trainee (Last, First MI)	Badge / ID	Primary Field Training Officer (FTO)	Badge / ID

PART A. PROGRAM COMPLETION

Phase	Field Training Officer	Badge / ID	Shift/Watch	Training Dates (Inclusive)	
1				From:	To:
2				From:	To:
3				From:	To:
4				From:	To:

PART B. TRAINEE ATTESTATION

(ABOVE) WOULD AN ENTIRE PHASE BE DONE IN THE SHIFT/WATCH?

I have been instructed in each phase of the prescribed training contained in the Field Training Program Guide, and my training performance and stages of progress were documented and reviewed with me by training staff as required.

Trainee Signature Date

PART C. TRAINING CERTIFICATION / REQUIRED SIGNATURES

I certify that Officer/Deputy _____ has received the instruction outlined in the Field Training Program Guide and has performed competently in all structured learning content areas. I also certify that all tests have been completed at a satisfactory level and that this trainee is now prepared to work as a solo patrol officer.

Primary FTO Signature Date

Print FT SAC Name	Badge / ID	
		Date

PART D. AGENCY HEAD ATTESTATION / REQUIRED SIGNATURES

I attest that the above named trainee has satisfactorily completed the prescribed Field Training Program and is competent to perform as a solo patrol officer.

Print Agency Head Name	Badge / ID	
		Date