



Commonwealth of Virginia  
Virginia Department of Criminal Justice Services  
**Field Training for Jail Deputies and Officers (Form J-1)**

Officers Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Department: \_\_\_\_\_  
Academy Attended: \_\_\_\_\_  
Academy Completion Date: \_\_\_\_\_

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
<b>Department Policies, Procedures and Operations</b>			
9.1			
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<b>Use of Force, Weapons Use</b>			
9.31			
9.32			
9.33			
9.34			
9.35			
9.36			
9.37			

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
<b>Transporting Inmates</b>			
9.38			
9.39			
9.40			
<b>Safety Training</b>			
9.41			
9.42			
9.43			
9.44			
<b>General Tasks</b>			
9.45			
9.46			
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9.61			
<b>Records</b>			
9.63			
9.63			
9.64			
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9.66			
<b>Public Safety Response to Terrorism</b>			
9.67			
9.68			
9.69			

*I certify that the above referenced officer has demonstrated competency in all the performance outcomes listed on this form, in compliance with §9.1-102 of the Code of Virginia (1950) as amended, 6VAC20-20-40 Virginia Administrative Code and the regulations of the Criminal Justice Services Board.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Agency Administrator

\_\_\_\_\_  
Date

Please return completed signed form to DCJS, 1100 Bank Street, 9<sup>th</sup> Floor, Richmond, VA 23219