

VERMONT CRIMINAL JUSTICE COUNCIL VERMONT POLICE ACADEMY

REQUIRED COURSE PRESCRIPTION FORM FOR WAIVER OFFICERS

Waiver Officer name: _______

Agency:_____

Approval Date:_____ Expiration Date:_____

All required courses outlined in this prescription must be approved by the VCJC. Please use this form for tracking purposes and upon completion of each course, notify the VCJC, so records can be updated. This form should be submitted to the VCJC within twelve (12) months of the approval date. If any training has not been completed through the VCJC documentation must be submitted with this form.

Course Name	Date(s)	Instructor	Location	Hours
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___, certify the course prescription was completed in its entirety.

Agency Head or Designee

Dated this _____ day of ______, 2023.