



Application for a Field Training Officer Certification Out of State

Last Name:	First Name:	Date of Application:
Agency:	Email Address:	
Agency Address:		Agency Phone:

I request that my attendance at a Field Training Officer Certification Course in another state be recognized as meeting or exceeding, Vermont's Field Training Officer Certification Course.

Dates of the FTO Certification Course Attended:

The Agency Employed by when I attended this course:

The training was sponsored by:

The course was: In-Person On-Line

This course was based on the San Jose FTO model: Yes No

Attached copy of certificate or attendance: Yes No

If you attended this course more than two years ago, have you taken any additional FTO related courses?: Yes No

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), 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 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



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Staff Use Only

Date Received:	
Dates of Course:	
Course Length (in hours):	
Course Material Reviewed:	

Applicant has two years of Law Enforcement experience following Basic certification: Yes No

Date when applicant met with the FTEP Coordinator:	
<input type="checkbox"/> Review of Vermont FTEP Forms	
<input type="checkbox"/> Level I, Level II, and Waiver Officer FTEP described	
<input type="checkbox"/> Level II Manual Reviewed	
<input type="checkbox"/> FTO Certification maintenance described	

TC Approval:

Approval, immediate certification

Approval, after completion of FTO Update

TC Date of Approval		TC Signature
Certification Date:		Expiration Date:

Director's Approval Date:

Director's Signature