

VCJTC Use of Force & Tactics Reporting

Student's Name	Last 4 digits of SSN	
Agency		

My signatures below indicate that I certify that I am a VCJC Use of Force and Tactics certified instructor in good standing with the Vermont Criminal Justice 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	Instructor		
Instructor's Signature			

	Baton (optional) Complete the section for the baton in which training was provided				
MEB					
Date			Instructor		
Instru	ictor's Signature				
PR24					
Date			Instructor		
Instru	ictor's Signature		•		

OC - Oleoresin Capsicum (optional) Use of Force Instructors may complete the full OC training to include the exposure portion of the training.				
Date				
Instructor				
Instructor's Signature				

My signature below indicates that I am a VCJC Use of Force and Tactics certified instructor in good standing with the Vermont Criminal Justice 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						
	This section is to be completed by an Academy approved tester.					
Date						
		☐ MDTS	☐ MEB	☐ PR24	□ ос	
☐ Copies of all written tests and proficiency sheets are attached to this form						
Tester's Name						
Tester's S	ignature					
Tester, please send completed form to the Police Academy:						
Fax: (802) 483-2343 <u>or</u> Mail: VT Police Academy, 317 Academy Road, Pittsford, VT 05763 <u>or</u> Email: Jacob.Hansell@vermont.gov						