



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 VCJTC Use of Force and Tactics certified instructor in good standing with the Vermont Criminal Justice Training 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)			
<i>Complete the section for the baton in which training was provided</i>			
MEB			
Date		Instructor	
Instructor's Signature			
PR24			
Date		Instructor	
Instructor's Signature			

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

My signature below indicates that I am a VCJTC Use of Force and Tactics certified instructor in good standing with the Vermont Criminal Justice Training 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	
<i>This section is to be completed by an Academy approved tester.</i>	
Date	
<input type="checkbox"/> MDTS <input type="checkbox"/> MEB <input type="checkbox"/> PR24 <input type="checkbox"/> OC	
<input type="checkbox"/> Copies of all written tests and proficiency sheets are attached to this form	
Tester's Name	
Tester's Signature	
Tester, please send completed form to the Police Academy: Fax: (802) 483-2343 or Mail: VT Police Academy, 317 Academy Road, Pittsford, VT 05763 or Email: Drew.Bloom@vermont.gov	