



Registration Form: Phase One, Basic Training Course for Level I & II Officers

Please Print Information:

Registrant's Name: _____ DOB: ____/____/____
Last First Middle I.

Last 4 Digits of SSN: _____ Contact Email: _____

Home Address: _____ Contact Number: _____
(Street, City, State, and Zip) Home
 Cell
 Work

Sponsoring Agency: _____ Caliber of Duty Ammunition: _____

Agency Contact: _____ Agency Phone Number: _____

Course Dates: _____ Registrant is: Commuting OR Overnight

Check the reason the registrant is attending Phase I:

- As part of the Level I certification process.
- As part of the Level II certification process.
- As part of the recertification process.
- For another reason. Please explain: _____

ENTRY STANDARDS ARE ESTABLISHED PER VERMONT CRIMINAL JUSTICE TRAINING COUNCIL RULE 7. ALL CATEGORIES MUST BE CHECKED, INDICATING DOCUMENTATION HAS BEEN VERIFIED AND IS AVAILABLE FOR REVIEW.

By signing below, I confirm that the above named applicant has:

- Attained a high school diploma, GED or higher
- Completed the Vermont Police Academy's Entrance Exam and received a score of 70% or higher within the last five years.
- Completed a Psychological Assessment or Inventory within the last five years and, in the reasonable opinion of the agency head, is presently emotionally suited for law enforcement work.

Agency Head Authorization: _____
Signature of Agency Head or Designee Title Date

VCJTC STAFF USE ONLY

WRITTEN EXAMINATION DATE: _____ Score: _____