



**Commonwealth of Virginia
Virginia Department of Criminal Justice Services**

On-the-Job Training for Dispatchers (Form D-1)

Dispatcher's Name: _____ Social Security #: _____

Agency: _____

Academy Attended: _____

Academy Completion Date: _____

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
5.1	/ /		
5.2	/ /		
5.3	/ /		
5.4	/ /		
5.5	/ /		
5.6	/ /		
5.7	/ /		
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5.10	/ /		
5.11	/ /		
5.12	/ /		
5.13	/ /		
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5.18	/ /		
5.19	/ /		
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5.25	/ /		
5.26	/ /		
5.27	/ /		
5.28	/ /		
5.29	/ /		
5.30	/ /		
5.31	/ /		
5.32	/ /		
5.33	/ /		
5.34	/ /		
5.35	/ /		



**Commonwealth of Virginia
Virginia Department of Criminal Justice Services**

On-the-Job Training for Dispatchers (Form D-1)

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
5.36	/ /		
5.37	/ /		
5.38	/ /		
5.39	/ /		
5.40	/ /		
5.41	/ /		
5.42	/ /		
5.43	/ /		
5.44	/ /		
5.45	/ /		
5.46	/ /		
5.47	/ /		
5.47.1	/ /		
5.47.2	/ /		
5.48	/ /		
5.49	/ /		
5.50	/ /		
5.51	/ /		
5.52	/ /		
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5.62	/ /		
5.63	/ /		
5.64	/ /		
5.65	/ /		
5.66	/ /		
5.67	/ /		
5.68	/ /		
5.69	/ /		
5.70	/ /		

I certify that the above referenced officer has demonstrated competency in all the performance outcomes listed on this form, in compliance with §9.1-102 of the Code of Virginia (1950) as amended, 6VAC20-20-40 Virginia Administrative Code and the regulations of the Criminal Justice Services Board.

Signature of Agency Administrator

Date

Virginia Department of Criminal Justice Services

1100 Bank Street ■ Richmond, VA 23219

www.dcjs.virginia.gov

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Page 2 of 2