



Department of Criminal Justice Services On-the-Job-Training for Dispatchers

Officers Name: _____ Social Security #: _____

Department: _____

Academy Attended: _____

Academy Completion Date: _____

PO	Date Completed	Instructor Initials
5.1	/ /	
5.2	/ /	
5.3	/ /	
5.4	/ /	
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5.25	/ /	

PO	Date Completed	Instructor Initials
5.26	/ /	
5.27	/ /	
5.28	/ /	
5.29	/ /	
5.30	/ /	
5.31	/ /	
5.32	/ /	
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5.43	/ /	
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5.45	/ /	
5.46	/ /	
5.47	/ /	
5.48	/ /	
5.48.1	/ /	

PO	Date Completed	Instructor Initials
5.48.2	/ /	
5.49	/ /	
5.50	/ /	
5.51	/ /	
5.52	/ /	
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5.55	/ /	
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5.70	/ /	
5.71	/ /	

I certify that the above referenced dispatcher has demonstrated competency in all the performance outcomes listed on this form.

Signature of Agency Administrator

Date