Commonwealth of Virginia
Department of Criminal Justice Services

FIELD TRAINING FOR BASIC CORRECTIONS OFFICERS

Officer's Name: _____ Social Security #: _____

Facility: _____

Academy Completion Date: _____

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
DEPARTMENT POLICIES, PROCEDURES, AND OPERATIONS			
11.1	/ /		
11.2	/ /		
11.3	/ /		
11.4	/ /		
11.5	/ /		
11.6	/ /		
11.7	/ /		
11.8	/ /		
11.9	/ /		
11.10	/ /		
11.11	/ /		
11.12	/ /		
11.13	/ /		
11.14	/ /		
11.15	/ /		
11.16	/ /		
11.17	/ /		
11.18	/ /		
11.19	/ /		
11.19.1	/ /		
USE OF FORCE, WEAPONS USE			
11.20	/ /		
11.20.1	/ /		
11.20.2	/ /		
11.20.3	/ /		
11.20.4	/ /		
11.20.5	/ /		
11.20.6	/ /		
11.20.7	/ /		
11.21	/ /		
11.22	/ /		
11.23	/ /		
11.24	/ /		
11.25	/ /		
TRANSPORTING INMATES			
11.26	/ /		
11.26.1	/ /		
11.26.2	/ /		
11.26.3	/ /		

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
11.26.4	/ /		
11.26.5	/ /		
11.27	/ /		
11.28	/ /		
GENERAL TASKS AND DUTIES			
11.29	/ /		
11.29.1	/ /		
11.29.2	/ /		
11.29.3	/ /		
11.29.4	/ /		
11.30	/ /		
11.31	/ /		
11.31.1	/ /		
11.31.2	/ /		
11.31.3	/ /		
11.31.4	/ /		
11.31.5	/ /		
11.31.6	/ /		
11.31.7	/ /		
11.31.8	/ /		
11.31.9	/ /		
11.31.10	/ /		
11.31.11	/ /		
11.31.11.1	/ /		
11.31.11.2	/ /		
11.31.11.3	/ /		
11.32	/ /		
11.32.1	/ /		
11.32.2	/ /		
11.33	/ /		
11.34	/ /		
11.34.1	/ /		
11.34.1.1	/ /		
11.34.1.2	/ /		
11.34.1.3	/ /		
11.34.1.4	/ /		
11.34.2	/ /		
11.34.3	/ /		
11.34.4	/ /		
11.35	/ /		
11.36	/ /		
11.37	/ /		
11.38	/ /		
11.38.1	/ /		
11.38.2	/ /		
11.38.3	/ /		
11.39	/ /		
11.40	/ /		
11.40.1	/ /		
11.40.2	/ /		

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
11.40.3	/ /		
11.40.4	/ /		
11.41	/ /		
11.41.1	/ /		
11.41.2	/ /		
11.41.3	/ /		
11.41.4	/ /		
11.41.5	/ /		
11.42	/ /		
11.42.1	/ /		
11.42.2	/ /		
11.42.3	/ /		
11.42.4	/ /		
11.42.5	/ /		
11.42.6	/ /		
11.42.7	/ /		
11.43	/ /		
11.43.1	/ /		
11.43.2	/ /		
11.43.3	/ /		
11.43.3.1	/ /		
11.43.3.2	/ /		
11.43.3.3	/ /		
11.43.3.4	/ /		
11.43.3.5	/ /		
11.43.3.6	/ /		
11.43.3.7	/ /		
11.43.3.7.1	/ /		
11.433.7.2	/ /		
11.43.3.8	/ /		
11.43.3.9	/ /		
11.43.3.10	/ /		
11.43.3.11	/ /		
11.43.3.12	/ /		
11.43.3.13	/ /		
11.43.3.14	/ /		
11.43.3.15	/ /		
11.43.3.16	/ /		
11.43.3.17	/ /		
11.43.3.18	/ /		
11.43.3.19	/ /		
11.43.3.19.1	/ /		
11.43.3.19.2	/ /		
11.43.3.20	/ /		
11.43.3.20.1	/ /		
11.43.3.20.2	/ /		
11.43.3.20.3	/ /		
11.44	/ /		
11.45	/ /		
11.45.1	/ /		

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
11.45.2	/ /		
11.45.3	/ /		
11.45.4	/ /		
11.46	/ /		
11.46.1	/ /		
11.46.2	/ /		
11.46.3	/ /		
11.46.4	/ /		
11.46.5	/ /		
11.47	/ /		
11.47.1	/ /		
11.47.2	/ /		
11.48	/ /		
11.49	/ /		
11.50	/ /		
11.51	/ /		
11.51.1	/ /		
11.51.2	/ /		
11.52	/ /		
11.52.1	/ /		
11.52.2	/ /		
11.52.3	/ /		
11.53	/ /		
11.53.1	/ /		
11.53.2	/ /		
11.53.2.1	/ /		
11.53.2.2	/ /		
11.54	/ /		
11.55	/ /		
11.56	/ /		
11.56.1	/ /		
11.56.2	/ /		
11.56.3	/ /		
11.56.4	/ /		
11.57	/ /		
11.57.1.1	/ /		
11.57.1.2	/ /		
11.57.1.3	/ /		
11.57.1.4	/ /		
11.57.1.5	/ /		
11.57.1.6	/ /		
11.57.1.7	/ /		
11.57.1.8	/ /		
11.58	/ /		
11.58.1	/ /		
11.58.2	/ /		
11.58.3	/ /		
11.58.4	/ /		
11.58.5	/ /		
11.59	/ /		

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
11.59.1	/ /		
11.59.2	/ /		
11.59.3	/ /		
11.59.4	/ /		
11.59.5	/ /		
11.59.6	/ /		
11.59.7	/ /		
11.59.8	/ /		
11.59.9	/ /		
11.60	/ /		
11.60.1	/ /		
11.60.2	/ /		
11.60.3	/ /		
11.60.4	/ /		
11.60.5	/ /		
11.60.6	/ /		
11.60.7	/ /		
11.60.8	/ /		

I certify that the referenced officer has completed a minimum of 200 hours of field training and has demonstrated competency in all the basic corrections officer performance outcomes 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.

Warden/Superintendent _____ **Date:** _____

Signature