



Florida Department of Law Enforcement

EQUIVALENCY-OF-TRAINING PROFICIENCY DEMONSTRATION

Incorporated by Reference in 11B-27.002(3)(a)11. and 11B-35.009(6), F.A.C.



CJSTC 76A

- 1. Applicant's name:
2. Applicant's Home Address:
City: State: Zip Code:
3. Last Four Digits of Social Security Number: Applicant's Home Telephone Number:
4. Training School's Name:
5. Training School's ORI Number: FL
6. Training School's Mailing Address:
7. Telephone Number: Ext. 8. Contact Person:
9. Date Equivalency Granted:

10. Law Enforcement Officer Proficiency Checklist:

- CMS Firearms Performance Evaluation (Form CJSTC-4 CMS) Pass Fail Date tested Not Tested:
CMS First Aid for Criminal Justice Officers (Form CJSTC-5 CMS) Pass Fail Date tested Not Tested:
CMS Defensive Tactics Performance Evaluation (Form CJSTC-6 CMS) Pass Fail Date tested Not Tested:
CMS Vehicle Operations Performance Evaluation (Form CJSTC-7 CMS) Pass Fail Date tested Not Tested:

11. Correctional Officer Proficiency Checklist:

- CMS Firearms Performance Evaluation (Form CJSTC-4 CMS) Pass Fail Date tested Not Tested:
CMS First Aid for Criminal Justice Officers (Form CJSTC-5 CMS) Pass Fail Date tested Not Tested:
CMS Defensive Tactics Performance Evaluation (Form CJSTC-6 CMS) Pass Fail Date tested Not Tested:

12. Correctional Probation Officer Proficiency Checklist:

- CMS Firearms Performance Evaluation (Form CJSTC-4 CMS) Pass Fail Date tested Not Tested:
CMS First Aid for Criminal Justice Officers (Form CJSTC-5 CMS) Pass Fail Date tested Not Tested:
CMS Defensive Tactics Performance Evaluation (Form CJSTC-6 CMS) Pass Fail Date tested Not Tested:

The above applicant has complied with the requirements of Section 943.131(2), F.S., and Rule 11B-35.009(6), F.A.C., as verified by me through examination of supporting documentation on file at the training school.

I acknowledge that the documentation is subject to verification by the Criminal Justice Standards and Training Commission. Further, I acknowledge that a copy of this form has been provided to the applicant.

13. Training Center Director's Signature

14. Date Signed

## INSTRUCTIONS FOR COMPLETING FORM CJSTC 76A

- Use this form after the Equivalency-of-Training form CJSTC-76 has been completed and signed by an agency administrator or selection center director, and has been submitted and approved by the Criminal Justice Standards and Training Commission.
- This form is to be used as a checklist to indicate an out-of-state, federal officer, or inactive Florida officer's successful demonstration of the required high-liability proficiency skills. Forms CJSTC-4 CMS, CJSTC-5 CMS, CJSTC-6 CMS, and CJSTC-7 CMS, are to be used to verify the checklist(s) and shall be maintained in the officer's file at the training school.
- The officer shall demonstrate these proficiencies within one year from granting the Equivalency-of-Training Exemption pursuant to Section 943.131(2), F.S.

### HOW TO COMPLETE EACH ITEM.

1. **Applicant's Name.** Enter the applicant's legal name. Enter the last name and first name. If the applicant has a middle initial, enter it.
2. **Applicant's Home Address.** Enter the address of the applicant, indicating street name, apartment number, city, state, and nine-digit zip code.
3. **Applicant's Social Security Number.** Enter the last four digits of the applicant's social security number as in this example: XXX-XX-1234.
4. **Training School's Name:** Enter the training school's correct name.
5. **Training School's ORI Number.** Enter the training school's ORI number as in this example: FLTRN0000.
6. **Training School's Mailing Address.** Enter the street number and name of the street.
7. **Training School's Telephone Number.** Enter the training schools' telephone number. Enter the training school's telephone number as in this example: 222-222-2222.
8. **Contact Person.** Enter the name of the contact person, if applicable.
9. **Date Equivalency Granted.** Enter the date on this form that the equivalency was granted.
10. **Law Enforcement Officer Proficiency Checklist.** Enter an "X" on the Pass or Fail line. Indicate the date that the officer demonstrated the particular proficiency. Forms CJSTC-4 CMS, 5 CMS, 6 CMS, and 7 CMS are to be used to document the proficiencies for Law Enforcement Officers.
11. **Correctional Officer Proficiency Checklist.** Enter an "X" on the Pass or Fail line. Indicate the date that the officer demonstrated the particular proficiency. Forms CJSTC-4 CMS, 5 CMS, and 6 CMS are to be used to document the proficiencies for Correctional Officers.
12. **Correctional Probation Officer Proficiency Checklist.** Enter an "X" on the Pass or Fail line. Indicate the date that the officer demonstrated the particular proficiency. Forms CJSTC-5 CMS and 6 CMS are to be used to document the proficiencies for Correctional Probation Officers.
13. **Training Center Director's Signature.** The training center director shall sign his or her name.
14. **Date Signed.** The training center director shall enter the date he or she signed their name.

### AGENCY REQUIREMENTS

- If the selection center or agency is entering the information on-line through the Commission's Automated Management Training System (ATMS), please print this form and maintain the original on file at the agency or selection center and submit a copy to the applicant.
- If the agency is not entering the information on-line through ATMS, maintain the original form on file at the agency and submit a completed copy of the form and a letter requesting FDLE to enter the data into ATMS. Submit the copies to: **Florida Department of Law Enforcement, Criminal Justice Professionalism Program, P.O. Box 1489, Tallahassee, Florida 32302-1489. Attention: Records Section. Fax Number: 850-410-8605**
- If the applicant has any questions, please contact the assigned Criminal Justice Standards and Training Service Specialist or Field Specialist.