



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 <input type="checkbox"/> | Fail <input type="checkbox"/> | Date tested _____ | Not Tested: <input type="checkbox"/> |
| CMS First Aid for Criminal Justice Officers (Form CJSTC-5 CMS)   | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Date tested _____ | Not Tested: <input type="checkbox"/> |
| CMS Defensive Tactics Performance Evaluation (Form CJSTC-6 CMS)  | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Date tested _____ | Not Tested: <input type="checkbox"/> |
| CMS Vehicle Operations Performance Evaluation (Form CJSTC-7 CMS) | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Date tested _____ | Not Tested: <input type="checkbox"/> |

11. Correctional Officer Proficiency Checklist:

- |   |                               |                               |                   |                                      |
|---|-------------------------------|-------------------------------|-------------------|--------------------------------------|
| CMS Firearms Performance Evaluation (Form CJSTC-4 CMS)          | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Date tested _____ | Not Tested: <input type="checkbox"/> |
| CMS First Aid for Criminal Justice Officers (Form CJSTC-5 CMS)  | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Date tested _____ | Not Tested: <input type="checkbox"/> |
| CMS Defensive Tactics Performance Evaluation (Form CJSTC-6 CMS) | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Date tested _____ | Not Tested: <input type="checkbox"/> |

12. Correctional Probation Officer Proficiency Checklist:

- |   |                               |                               |                   |                                      |
|---|-------------------------------|-------------------------------|-------------------|--------------------------------------|
| CMS Firearms Performance Evaluation (Form CJSTC-4 CMS)          | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Date tested _____ | Not Tested: <input type="checkbox"/> |
| CMS First Aid for Criminal Justice Officers (Form CJSTC-5 CMS)  | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Date tested _____ | Not Tested: <input type="checkbox"/> |
| CMS Defensive Tactics Performance Evaluation (Form CJSTC-6 CMS) | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Date tested _____ | Not Tested: <input type="checkbox"/> |

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.
- Demonstration of proficiency in the required High-Liability Basic Recruit Training Proficiency Skills and passing the State Officer Certification Examination shall be completed within one year of notification of approval of the Equivalency-of-Training form CJSTC-76, or apply for any additional exemptions pursuant to the requirements of Section 943.131(2), F.S. after receiving exemption. The officer shall demonstrate these proficiencies within one year from granting the Equivalency of Training Exemption, pursuant to Section 943.131(2), F.S.
- Regardless of the number of exemptions from training an individual receives, the individual shall not take the State Officer Certification Examination more than three times without enrolling in and completing a Commission-approved Basic Recruit Training Program pursuant to Section 943.1397(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.