

REMEDIAL TRAINING



STATE OF FLORIDA

DEPARTMENT OF JUVENILE JUSTICE

OFFICER CERTIFICATION REMEDIAL TRAINING

No later than the examination registration deadline, this form must be submitted for the candidate requesting reexamination. It must be forwarded to the Bureau of Staff Development and Training via e-mail or fax by the facility, regional or circuit trainer who conducted the remedial training.

Candidate's Name: _____
Last First MI

Candidate's Social Security Number: _____
(Last 5 digits only)

Discipline: JCO JDO JPO PAR

Facility/Program Name: _____

Number of Hours of Completed: _____

Training Completion Date: _____

I certify that the above information is true and accurate.

Trainer's Name (Please print)

Trainer's Signature