



Commonwealth of Virginia
Department of Criminal Justice Services (EFFECTIVE MARCH 30, 2019)
ON-THE-JOB TRAINING FOR DISPATCHERS

Dispatcher's Name: _____ Social Security #: _____

Agency: _____

Academy Attended: _____

Academy Completion Date: _____ On-the-Job Training Completion Date: _____

Performance Outcome	Date of Completion	Printed Name of On-the-Job Training Officer	Signature of On-the-Job Training Officer
EQUIPMENT USE 5.1 - 5.100			
5.1	/ /		
5.1.1	/ /		
5.1.2	/ /		
5.1.3	/ /		
5.1.4	/ /		
5.1.5	/ /		
5.1.6	/ /		
5.1.7	/ /		
5.1.8	/ /		
5.1.9	/ /		
5.2	/ /		
5.2.1	/ /		
5.2.2	/ /		
5.2.3	/ /		
5.2.4	/ /		
5.3	/ /		
5.3.1	/ /		
5.3.2	/ /		
5.4	/ /		
5.5	/ /		
5.6	/ /		
5.6.1	/ /		
5.6.2	/ /		
(Reserve 5.7 - 5.100)			
CALL TAKING AND DISPATCHING DUTIES 5.101 - 5.200			
5.101	/ /		
5.102	/ /		
5.103	/ /		
5.104	/ /		

Performance Outcome	Date of Completion	Printed Name of On-the-Job Training Officer	Signature of On-the-Job Training Officer
5.105	/ /		
5.106	/ /		
5.107	/ /		
5.108	/ /		
5.109	/ /		
5.110	/ /		
5.111	/ /		
5.112	/ /		
5.113	/ /		
5.114	/ /		
5.115	/ /		
5.115.1	/ /		
5.115.2	/ /		
5.116	/ /		
5.117	/ /		
(Reserve 5.118 – 5.200)			
VCIN/NCIC 5.201 – 5.300			
5.201	/ /		
5.202	/ /		
5.203	/ /		
(Reserve 5.204 – 5.300)			
GENERAL 5.301-5.400			
5.301	/ /		
5.301.1	/ /		
5.302	/ /		
5.303	/ /		
5.304	/ /		
5.305	/ /		
5.305.1	/ /		
5.305.2	/ /		
5.306	/ /		
5.307	/ /		
5.308	/ /		
5.309	/ /		
5.310	/ /		
5.311	/ /		
5.312	/ /		
Reserve 5.313-5.400			

I certify that the above referenced dispatcher has demonstrated competency in all the Dispatcher performance outcomes listed on this form, in compliance with §9.1-102 of the Code of Virginia (1950) as amended, 6VAC20-60-40 Virginia Administrative Code and the regulations of the Criminal Justice Services Board.

Agency Administrator _____
Signature

Date: _____