



# Equivalency of Training Candidate Packet

## Police Applicant Screening Service (PASS)



SPC Allstate Center – Suite 135  
3200 34<sup>th</sup> Street South  
St. Petersburg, FL 33711  
727-864-3822 O  
727-864-3342 F  
[pass@spcollege.edu](mailto:pass@spcollege.edu)

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## EOT PROGRAM OVERVIEW, PURPOSE, AND ELIGIBILITY

### **Purpose:**

The purpose of the Equivalency of Training (EOT) Program is to obtain certification as an officer in Florida without first attending (or re-attending) a full basic recruit academy in the State of Florida (Rules 11B-27002(3)(a)11., 11B-30.006(2)(b), and 11B-35.009(6), F.A.C.).

### **Eligibility for PASS EOT Assessment:**

- Law enforcement or correctional officers from another state, a federal agency, or the military who are either active or have less than an eight-year break in service.
- A former Florida law enforcement or correctional probation officer with more than a four-year break in service, but less than an eight-year break in service.

### **EOT Program Eligibility Steps:**

(You must complete each step before progressing to the next.)

1. Successfully complete an EOT Application & Assessment through the Police Applicant Screening Service (PASS) showing completion of sufficient basic training and full-time employment as an officer for at least one (1) year in a job that ended no more than 8 years ago, and;
2. Demonstrate proficiency in the following high-liability physical skills available at the St Petersburg College Allstate Center ([www.spcollege.edu](http://www.spcollege.edu)) or other certified training center, and;
  - a. Defensive Tactics
  - b. Firearms
  - c. First Aid
  - d. Vehicle Operations (law enforcement only)
3. Pass the Florida State Officer Certification Examination (SOCE) available at the St. Petersburg College Allstate Center ([www.spcollege.edu](http://www.spcollege.edu)) or other certified State testing site.

## EOT PROGRAM QUALIFICATION

To determine if you qualify, your training and employment history must be evaluated by the PASS personnel. In order for us to evaluate your training and employment, you must:

- Pay the designated EOT application fee (money order only)
- Submit an application providing us with requested information
- Execute a waiver authorizing us to make inquiries

**If you qualify:**

We will send you a Criminal Justice Standards and Training Commission (CJSTC) Form 76, for which you must show your eligibility to proceed with the Proficiency Demonstration and the SOCE. To allow enough time for the evaluation, submit your application well in advance of the date you intend to take the SOCE. WE recommend you allow at least 4 to 6 weeks for the assessment step. *All information provided by applicants is subject to verification.*

**Send all mail to:**  
**Police Applicant Screening Service**  
SPC Allstate Center – Suite 135  
3200 34<sup>th</sup> Street South  
St. Petersburg, FL 33711  
727-864-3822 O  
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## HOW TO APPLY TO THE PASS EOT PROGRAM

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To apply for the EOT Program at PASS, you must do the following:

1. Complete the Equivalency of Training (EOT) Application.  
To qualify, your employment records must establish that you were employed as a full-time (i.e., at least 40 hours per week) sworn law enforcement officer (authorized to bear arms and make arrests) or correctional officer, either by working for a single agency for one (1) full year, or for a cumulative twelve (12) full months at two agencies within an eighteen (18) month period.

Qualifying employment **cannot** include time spent in an academy, even if you were receiving pay while attending the academy. There cannot be more than an 8-year gap from the end of your most recent qualifying employment to the submission of your complete EOT Application.

Positions that are seasonal, part-time, reserve (civilian or military), volunteer, military security forces, military vessel-boarding teams, etc., typically do not qualify for the EOT Program.

The application must be notarized. **We verify all qualifications in writing.** Your former (or present) criminal justice employer will be contacted. **No exceptions.**

2. Complete the FDLE *Authorization for Release of Information Form* (CJSTC Form 58) and submit as part of your application. **This waiver must also be notarized.**

3. Attach applicable documentation. (*In-state candidates may skip this step*)

Attach all documentation (course outlines and certificate of completions) showing that you completed training in all the required subjects listed below for your discipline (law enforcement, corrections or correctional probation). This training may be from your employer, an accredited college, or a certified state, local, or federal training academy.

**\*Do not send original documents as PASS will validate all copies submitted.**

Florida Law Enforcement Academy Comparable Training Pursuant to Rule 11B-35.009(3)(a), F.A.C.	Florida CMS Correctional Comparable Training Pursuant to Rule 11B-35.009(3)(b), F.A.C.
<ul style="list-style-type: none"><li>• Legal</li><li>• Interactions in a Diverse Community</li><li>• Interviewing and Report Writing</li><li>• Patrol (including Fundamentals, Calls for Service and Critical Incidents)</li><li>• Criminal Investigations (including Crime Scene and Courtroom)</li><li>• Traffic Stops</li><li>• Traffic Crash Investigations</li><li>• Vehicle Operations</li><li>• First Aid or Equivalent</li><li>• Firearms</li><li>• Defensive Tactics</li></ul>	<ul style="list-style-type: none"><li>• Legal</li><li>• Communications</li><li>• Officer Safety</li><li>• Facility and Equipment</li><li>• Intake and Release</li><li>• Supervising in a Correctional Facility</li><li>• Supervising Special Populations</li><li>• Responding to incidents and Emergencies</li><li>• First Aid or Equivalent</li><li>• Firearms</li><li>• Defensive Tactics</li></ul>

4. Attach a copy of your Social Security Card and State Driver License

5. Pay the application fee:

- a. \$50.00 (In-state Florida certified officers), **OR**
- b. \$300.00 (Out-of-state certified officers, federal officers, or military)

**\*All payments may be made either in person at the PASS office (money order only), *OR* by enclosing payment with the mailed in application.**

If you are mailing in your application, please enclose a money order, made payable to Police Applicant Screening Service, for the applicable application fee listed above.

If submitting your application by mail, please send your packet to:

**Police Applicant Screening Service**  
3200 34<sup>th</sup> Street South Suite 135  
St. Petersburg, FL 33711

If you would like to submit your application in person, please visit us at the address listed above. Our office receiving hours are Monday – Friday, 7:30 AM to 3:00 PM

## EOT VERIFICATION APPROVAL

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Upon successful EOT verification, signified by receipt of your Equivalency of Training CJSTC Form (Form 76), you will have **one (1) year from the date of Form 76 receipt** to demonstrate your proficiency in high liability subjects and pass the State Officer Certification Examination (SOCE).

If you fail to complete these requirements within the one (1) year, you may apply for another exemption from training, but you must be eligible pursuant to Chapter 943.131(2), F.S. at the time of application. You may be required to complete the full basic training academy to become certified, or in the case of former Florida officers, to become re-certified.

## EOT APPLICATION FORM

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A copy of the PASS EOT Application Form is attached (next page) for your review. An additional PDF “fillable” EOT Application Form is available on our PASS website ([www.policestandards.org](http://www.policestandards.org)) under “PASS Forms”.

## FDLE AUTHORITY FOR RELEASE OF INFORMATION (CJSTC 58 -PDF) EOT APPLICATION FORM

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A copy of the FDLE Authority for Release of Information Form (Background Investigation Waiver) is attached (after EOT Application Form)) for your review. An additional PDF FDLE Authority For Release Form is available on our PASS website ([www.policestandards.org](http://www.policestandards.org)) under “PASS Forms”.

## PASS PAYMENT FORM

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A copy of the PASS Payment Form is attached (after FDLE Authority for Release Form) for your review. An additional PDF PASS Payment Form is available on our PASS website ([www.policestandards.org](http://www.policestandards.org)) under “PASS Forms”.

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Print Form

# Police Applicant Screening Service

File # \_\_\_\_\_

Phone: 727-864-3822

Allstate Center, Suite 135

Office Hours: 7:30-3:30

Fax: 727-864-3342

3200 - 34th Street South  
St. Petersburg, FL 33711-3829

Monday through Friday

www.policestandards.org

## Equivalency of Training (EOT) Verification Application

Please read the accompanying two pages of instructions before you complete this application. You must also attach FDLE Form CJSTC 58 "Authority For Release of Information" and a money order for the fee.

**(1) Personal information of the person who is applying:**

Social Security Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

College (check off if completed):

Race \_\_\_\_\_

Gender \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  -AS/AA  -BS/BA  -MS/MA  -PhD

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**(2) Please check one. I am seeking Equivalency of Training status as a:**

Law Enforcement Officer

Correctional Officer

**My qualifying full-time employment as a law enforcement or correctional officer, which ended no more than 8-years prior to this application, can be verified at the following address:**

**(3) A. Full Agency Name:** \_\_\_\_\_

Agency Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

I was employed from \_\_\_\_\_ to: \_\_\_\_\_ as \_\_\_\_\_  
Month Day Year Month Day Year Position:

**B. If a second employer must be used to establish a cumulative one-year of full-time employment within an eighteen-month period, please complete the following:**

**Full Agency Name:** \_\_\_\_\_

Agency Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

I was employed from \_\_\_\_\_ to: \_\_\_\_\_ as \_\_\_\_\_  
Month Day Year Month Day Year Position:

**(4) The basic training that establishes my qualifications for this application may be verified at:**

**A. Full name of training institution:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

Course Title: \_\_\_\_\_

Date Attended: \_\_\_\_\_ to: \_\_\_\_\_ Class Number  
Month Day Year Month Day Year (If applicable): \_\_\_\_\_

**B. Full name of training institution:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

Course Title: \_\_\_\_\_

Date Attended: \_\_\_\_\_ to: \_\_\_\_\_ Class Number  
Month Day Year Month Day Year (If applicable): \_\_\_\_\_

**(5) Have you ever applied for Equivalency of Training anywhere else in Florida?**

-No  -Yes **If yes name agency to which you applied:** \_\_\_\_\_

**(6) APPLICANT'S SIGNATURE AND ACKNOWLEDGEMENTS**

I, the undersigned, hereby swear or affirm the following:

- (1) All the information I have provided in this application is true and correct. I am claiming eligibility for the Equivalency of Training path to certification as a law enforcement or correctional officer in Florida because I meet all the basic training and full-time employment requirements. I understand that an investigator will verify the information in this application and that any **omission or falsification** of a material fact will result in rejection of the application, and may prevent my future certification or employment as a law enforcement or correctional officer in Florida.
- (2) I understand that I must acknowledge receipt of the CJSTC-76 form in writing within 14 days of receiving it or it will be cancelled and may not be re-issued without an additional fee. I further understand that I will have one year from the date of that acknowledged receipt to complete the training and pass the State Officer Certification Examination (SOCE).
- (3) I understand that SOCE is the same test given to cadets who have graduated from a full police academy using scenario based training techniques over approximately seventeen weeks of full-time instruction. This means I will have to select a training center that will help me prepare or independently study the full curriculum in order to pass this test.
- (4) I understand that there are other legal requirements in Florida Statutes, and the rules established by the Florida Criminal Justice Standards and Training Commission(CJSTC), related to proficiency demonstration, examination, citizenship, high school education, criminal history, character of military discharge, and moral character, etc., which must be established in a full background investigation by a hiring agency prior to my certification or employment as a law enforcement or correctional officer in Florida.

\_\_\_\_\_  
(Signature of Applicant)

State of \_\_\_\_\_ County of \_\_\_\_\_ AFFIDAVIT

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_. My commission expires on \_\_\_\_\_, 20\_\_\_\_.

Personally Known \_\_\_\_\_ -OR- Produced the following identification: \_\_\_\_\_ Notary Public





Florida Department of Law Enforcement

# AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION: POLICE APPLICANT SCREENING SERVICE

ADDRESS: SPC ALLSTATE CENTER - SUITE 135 3200 34TH STREET SOUTH ST. PETERSBURG, FL 33711

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature Date

Applicant's Address

### OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this

day of, year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced

## POLICE APPLICANT SCREENING SERVICE

[www.policestandards.org](http://www.policestandards.org)

St. Petersburg College Allstate Center, Suite 135  
3200-34<sup>th</sup> Street South  
St. Petersburg, FL 33711

Phone: 727-864-3822  
Fax: 727-864-3342

Office Hours: 7:30am to 3:30pm  
Monday through Friday



*Ensuring exceptional public safety candidates for Pinellas County's future*

## PAYMENT FORM EOT APPLICATION

### Instructions

- Turn completed form into the PASS Office
  - Location: 3200 34<sup>th</sup> Street South St. Petersburg, FL 33711
  - Telephone: 727-864-3822
  - Receiving Hours: Mon-Fri 7:30 A.M to 3:00 P.M.
- *Attach a copy of the receipt of payment to your EOT application*

Name: \_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/yyyy)

Last Four Digits  
Of SSN: \_\_\_\_\_

Payment Type: \_\_\_\_\_ EOT Application – In State (\$50.00)  
\_\_\_\_\_ EOT Application – Out of State (\$300.00)

I, \_\_\_\_\_, understand the following:

- The EOT Application fee **must** be paid at the time of EOT verification request submission.
- Payment must be made by money order
- All fees are **non-refundable and non-transferable**

Candidate Signature \_\_\_\_\_