

Police Applicant Screening Service

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Office Hours: 7:00 – 3:00
Monday through Friday

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: ____/____/____ Gender: _____ Race: _____
 Month Day Year
Address: _____ City: _____
State: _____ Zip: _____ Email Address: _____
Home Phone: _____ Business Phone: _____ Cell Phone: _____
College (check off if completed): AS/AA BS/BA MS/MA PhD

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

Law Enforcement Officer Correctional Officer

(3) 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:

A. Full Agency Name: _____
Agency Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____ Name of Contact: _____
I was employed from: ____/____/____ to: ____/____/____ Position: _____
 Month Day Year Month Day Year

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:

B. Full Agency Name: _____
Agency Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____ Name of Contact: _____
I was employed from: ____/____/____ to: ____/____/____ Position: _____
 Month Day Year Month Day Year

(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: _____

Email Address: _____ Name of Contact: _____

Course Title: _____ Class Number: _____

Dates Attended: _____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

B. Full name of training institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____ Name of Contact: _____

Course Title: _____ Class Number: _____

Dates Attended: _____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

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

No Yes **If yes, name of agency to which you applied:** _____

(6) APPLICANT'S SIGNATURE AND ACKNOWLEDGEMENTS

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

(A) 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.

(B) 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).

(C) I understand the 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.

(D) 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 _____

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 _____

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known or Produced Identification Type of Identification Produced _____