

NORTHEAST FLORIDA CRIMINAL JUSTICE SELECTION CENTER

Equivalency of Training (EOT) Packet



“BUILDING TRUST THROUGH SERVICE”

FSCJ Florida State College
at Jacksonville

Rev 12/20

Purpose

To obtain certification as an officer in Florida without first attending (or re-attending) a full basic recruit academy in Florida.

Eligibility for Equivalency of Training

- Law enforcement officer 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 officer with more than four years break in service, but less than eight years.

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), either by working for a single agency for one full year, or for a cumulative twelve full months at two agencies within an eighteen-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. Employments that typically do not establish EOT qualification are seasonal, part-time, reserve (civilian or military), volunteers, military security forces, military vessel-boarding teams, etc.

Equivalency of Training Process

To become a certified law enforcement officer you must complete each step before progressing to the next.

1. Successfully complete an EOT Application for evaluation
2. Demonstrate proficiency in certain high-liability physical skills (defensive tactics, firearms, medical first responder (i.e., First Aid or equivalent), driving at a Florida Criminal Justice Training Academy; and;
3. Pass the Florida State Officer Certification Examination (SOCE)

To allow enough time for the evaluation, submit your application well in advance of the date you intend to attend a review course or take the SOCE. **(Please allow 4 to 6 weeks for the evaluation step.)** All information provided by applicants is subject to verification.

Florida State Officer Certification Examination

Successfully completing the EOT courses qualifies you to take the Florida State Officer Certification Examination (SOCE), required to become an officer. You are given three opportunities to pass. If you do not pass after three attempts, you must complete the applicable Basic Recruit Training Program and reapply to take the State Officer Certification Examination.

The SOCE is derived from the Law Enforcement Florida Department of Law Enforcement (FDLE) Basic Recruit Curriculum. The comprehensive multiple-choice test consists of 200 questions for Law Enforcement.

Equivalency of Training Evaluation Application

EOT packet contains information necessary for the evaluation process. In order for us to evaluate your training and employment complete an application providing pertinent information, execute a waiver authorizing release of background information, and pay course fee.

1. Complete EOT application. We verify all qualifications in writing. **Your former (or present) criminal justice employer will be contacted, no exceptions. This document has to be notarized**
2. Complete FDLE "Authority for Release of Information" CJSTC Form 58 to grant us permission to verify your training and employment. **This document has to be notarized.**
3. Non-former Florida offices. Attach all documentation (course outline **and** certificate of completion) showing completed training in all the required subjects listed below. This training may be from your employer, an accredited college, or a certified state, local, or federal training academy.

Law Enforcement Comparable Training

- Legal (62 hours)
 - Communications (40 hours)
 - Human Issues (35 hours)
 - Patrol (35 hours)
 - Criminal Investigations (50 hours)
 - Traffic Stops (56 hours)
 - Traffic Crash Investigations (32 hours)
 - Vehicle Operations (48 hours)
 - First Aid or Equivalent (40 hours)
 - Firearms (80 hours)
 - Defensive Tactics (80 hours)
4. Make Payment
 - In-State Fee \$50.00
 - Out-of-State Fee \$250.00

Payment must be made in full at time of application submission. Fee covers evaluation of applicant's training.

Applications can be submitted with payment either by mail or in person to:

Florida State College at Jacksonville
Northeast Florida Criminal Justice Center
4715 Capper Road
Jacksonville, FL 32218
Attn: Glenn Miller

Once all steps above are met, FSCJ Criminal Justice Center will evaluate the application to determine if additional training is needed prior to the issuance of a CJSTC Form 76. If no additional training is needed, the CJSTC Form 76 will be sent to you by mail. This form qualifies the applicant to take the Equivalency of Training course at any FDLE sanctioned Selection Center in the State of Florida, and this training must be completed within one (1) year of the issuance of the CJSTC Form 76.

These EOT classes are not part of the FSCJ regularly scheduled curriculum, but instead are scheduled in accordance to demand. Contact Glenn Miller at (904) 713-4896 for information about upcoming classes.

Notice

As you are interested in seeking certification, we assume that you also intend to seek employment. Please be aware that the State of Florida has additional requirements you must meet to be employed as an officer:

- Be at least 19 years of age.
- Be a citizen of the United States.
- Be a high school graduate or its equivalent.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony, or a misdemeanor involving perjury or a false statement, shall not be eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding of adjudication.
- Never have received a dishonorable discharge from any of the Armed Forces of the United States.
- Be fingerprinted by the employing agency.
- Pass a physical examination by a licensed physician.
- Be of good moral character.
- Complete successfully a background investigation.
- Complete basic recruit training (or Equivalency of Training).
- Pass the Florida State Officer Certification Examination (SOCE).
- Comply with continuing training or education requirements.
- In addition to the above, many agencies have specific standards related to driving history, prior drug use, your conduct while an officer, etc. All these areas will be covered by a thorough background investigation that is NOT a part of this EOT Evaluation. If you have questions about such standards or your ability to meet them, please contact the agency(s) where you intend to seek employment.
- Still further, Rule 11B-35.009 (7) requires that individuals who have qualified for exemption from the full basic recruit training program must become employed within four years from the beginning date of the required proficiency demonstration.

NORTHEAST FLORIDA CRIMINAL JUSTICE
SELECTION CENTER

FLORIDA STATE COLLEGE AT JACKSONVILLE

Equivalency of Training Application

Please Print Neatly

Full Name: _____ Race _____ Sex _____

Social Security # _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home number: _____ Cell number: _____

Email Address: _____

Check if you applied for EOT anywhere else Where? _____

Original Certification:

Inactive Florida Officer Out of State Officer Military Police Federal Officer

My qualifying full-time employment as a law enforcement officer, which ended no more than 8-years prior to this application, was at the following agency:

Full Agency Name: _____ Your position/title: _____

Street Address: _____ Attention (person or Unit) _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Employment dates: _____ Still employed

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: _____ Your position/title: _____

Street Address: _____ Attention (person or Unit) _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Employment dates: _____ Still employed

The basic training that establishes my qualifications for this application may be verified at the following institution(s):

Full Name of Institution: _____

Street Address: _____ Attention (person or Unit) _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Fax Number: _____

Your Class # _____ Dates of attendance: _____

Second institution, if

applicable: Full Name of _____

Institution: Street Address: _____ Attention (person or Unit) _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Fax number: _____

Your Class # _____ Dates of attendance: _____

APPLICANT'S SIGNATURE and ACKNOWLEDGEMENTS

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

1. All of the information I have provided in this application is true and correct.
2. I am claiming eligibility for the Equivalency of Training path to certification as a law enforcement officer in Florida because I meet all the basic training and full-time employment requirements.
3. 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 this application, and may prevent my future certification or employment as a law enforcement or corrections officer in Florida.
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 officer in Florida.

Signature of Applicant

State of _____ County of _____

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 _____, 20____. My commission expires on _____, 20____.

Notary Public

*In compliance with Florida Statute 119.071(5), Florida State College at Jacksonville issues this notification regarding the purpose of the collection and use of Social Security numbers. Florida State College will collect your Social Security Number (SSN) for record identification, state and federal reporting. Providing your SSN on this application means that you consent to the use of your number in the manner described. If you choose not to provide your SSN, you will be provided an alternate identification number. All Social Security Numbers are protected by Federal regulations and are not to be released to unauthorized parties. Read more about the collection and use of social security numbers (<http://www.fscj.edu/ssn>). Florida State College at Jacksonville is a member of the Florida College System and is not affiliated with any other public or private university or college in Florida or elsewhere. Florida State College at Jacksonville does not discriminate against any person on the basis of race, color, ethnicity, genetic information, national origin, religion, gender, marital status, disability, or age in its programs or activities. Inquiries regarding the non-discrimination policies may be directed to the College's Equity Officer, 501 West State Street, Jacksonville, Florida 32202 | (904) 632-3221 | equityofficer@fscj.edu.



NORTHEAST FLORIDA CRIMINAL JUSTICE
SELECTION CENTER

FLORIDA STATE COLLEGE AT JACKSONVILLE

VALID DRIVER'S LICENSE
AFFIDAVIT OF POSSESSION

Applicant's Name: _____
Last First Middle

By my signing below, I hereby attest that I possess a valid and current driver's license (hereinafter known as D/L) from the state of (or other United States political unit of) _____.

Further, I am under no driving restrictions that would prevent me from participating fully in the vehicle operations portion of the EOT course. Moreover, I will provide a copy of my valid D/L to the Criminal Justice Training Program.

Applicant Signature: _____ Date Signed: _____

State of _____ County of _____

Sworn to subscribed before me this _____ day of _____ year. _____

Notary Public

My commission expires: _____

Florida State College at Jacksonville is a member of the Florida College System and is not affiliated with any other public or private university or college in Florida or elsewhere.

Florida State College at Jacksonville does not discriminate against any person on the basis of race, color, ethnicity, genetic information, national origin, religion, gender, marital status, disability, or age in its programs or activities. Inquiries regarding the non-discrimination policies may be directed to the College's Equity Officer, 501 West State Street, Jacksonville, Florida 32202 | (904) 632-3221 | equityofficer@fscj.edu.



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SKILLS DEMONSTRATION OF PROFICIENCY

AFFIDAVIT OF PARTICIPATION

Applicant's Name: _____
Last First Middle

By my signing below, I thereby acknowledge I understand that the course upon which I am planning to embark does contain certain required portions in the following skills: defensive tactics, firearms, first aid, and driving. I further understand that all of these skills will require physical exertion during practice sessions and during actual demonstrations of proficiency.

Still further, I attest that to the best of my knowledge, I do not have, nor have I ever been advised by a medical practitioner of any illness, disorder, or disability that would disallow, discourage, limit, or prevent physical exertion. In addition, I recognize that I am responsible for disclosing to Criminal Justice staff prior to the applicable skills portion(s) of the course any preexisting or existing condition that would keep me from participating fully in the skills portions.

Applicant Signature: _____ Date Signed: _____

State of _____ County of _____

Sworn to subscribed before me this _____ day of _____ year. _____

Notary Public

My commission expires: _____

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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: Florida State College at Jacksonville

ADDRESS: 4715 Capper Road, Jacksonville, FL 32218

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 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 _____



Northeast Florida Criminal Justice Selection Center Equivalency of Training Payment

Student's Name: _____ Date: _____

Phone Number: _____

Email: _____

Current Agency Name: _____

Check one:

- Previous Florida Officer \$50.00
- Out-of-State/Military/ Federal Officer \$250.00

Total Due \$ _____

****Make check or money order payable to: Florida State College at Jacksonville****

Mail check or money order payments to:

Florida State College at Jacksonville
 Northeast Florida Criminal Justice Center
 4715 Capper Road
 Jacksonville, FL 32218
 Attn: Glenn Miller

Disclaimers

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Florida State College at Jacksonville is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award the baccalaureate and associate degree. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, or call (404) 679-4500 for questions about the accreditation of Florida State College at Jacksonville. The Commission is to be contacted only if there is evidence that appears to support an institution's significant non-compliance with a requirement or standard.