

# CJA Forms

## Definitions:

1. WORD Document that can be sent via email: Can be filled out electronically, but probably requires a signature. Can be submitted via email or US Mail.
2. PDF that can be sent via email: Can be filled out electronically, but probably requires a signature. Can be submitted via email or US Mail.
3. Electronic Form: Submitted directly to CJA by typing into an online web form.

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### **Registration Forms**

Registration Checklist-- WORD Document that can be sent via email

Candidate Training & Certification Application – Electronic Form

Medical History Form – PDF that can be sent via email

DHEC Tuberculosis Form – PDF that can be sent via email

Limited Duty Firearm and EVO Affidavit -- WORD Document that can be sent via email

Application for Accommodations – PDF that can be sent via email

Request Application for Food Accommodations – PDF that can be sent via email

**SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY  
5400 Broad River Road  
Columbia South Carolina, 29212-3540**

**Candidate's Name:** \_\_\_\_\_

**Candidate's SS#:** \_\_\_\_\_

**Documentation for Basic Jail, Basic Law, Special Basic  
or Limited Duty Registration  
Check List**

- ☐ **Completed Online Law Enforcement Candidate Training & Certification Application and Document Attestation**

**Each candidate is required to bring the following documents to Registration:**

- ☐ **Driver's License or Photo ID**
- ☐ **Pre-placement Consent & Medical History Form with TB test results (DHEC Form 1420)**
- ☐ **FAQ-EVO Form - (Firearm Qualification & Emergency Vehicle Operation Policy) This form can be imported into the Application or brought separately. This form is ONLY required for Class 3 (Limited Duty) Candidates**

Revised 06/23/2015

# SC Criminal Justice Academy

## Law Enforcement Candidate Training & Certification Application

Employing Agency: \*



Agency or Training  
Officer Email \*

ex: myname@example.com

Type of Training  
Requested: \*



Applicants Position

Patrol, Detention, Court Security, etc.



Date of Hire \*



Month

Day

Year

A PCS has been  
submitted on this  
employee: \*



YES



NO

Title/Rank \*



Applicant Full Name  
\*

First Name

Middle Initial

Last Name

Suffix

Applicant Home  
Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Applicants E-mail** ex: myname@example.com

**US Citizen \***

☐ Yes

☐ No

**Race \***



**Sex \***



**Birth Date \***

Month Day Year

**Eye Color**



**Hair Color**



**Height (inches)**



**Weight (lbs)**

**Place of Birth \***

State or Country if out of l

**Education \***



**Degree**



**Name of College**

**S.C. OLN**

**Has the candidate been licensed in another state in the past 5 years? \***

☐ Yes

☐ No

**Veteran? \***

☐ Yes

☐ No

**1. Candidate is covered by Workman's Compensation for on-the-job injury. \***

☒ Yes☐ No

**2. Officer was hired by and is regularly on the payroll of this agency. \***

☒ Yes☐ No

**3. Officer is granted statutory authority to enforce all or some of the criminal, traffic, and penal laws of the State and does possess, with respect to those laws, the power to effect arrests. \***

☒ Yes☐ No

### **Commissioning Agency: Complete A or B below:**

FOR B: Most State Agencies & College PD require SLED commissions. Agencies should submit a copy of SLED commission when candidate is registered. If Agency has not yet received the commission, Candidate will not be certified until a copy of commission is received by the Certification Unit at SCCJA.

**A. Officer is commissioned by this Agency: \***

☐ Yes☐ No

**Or Officer will be commissioned by this Agency upon graduation : \***

☐ Yes☐ No

**B. Officer is commissioned by SLED (constable commission) IF YES, UPLOAD FILE BELOW \***

☐ Yes☐ No

**Or will be commissioned by SLED (commission has been applied for - send to Certification Unit upon receipt) \***

☐ Yes☐ No

### **LAW ENFORCEMENT EMPLOYMENT HISTORY (last 3 years)**

(Patrol, Reserve, Jail, Limited Duty, Telecommunications, etc.)

**Has your candidate ever attended the SC Criminal Justice Academy for training? \***

- ☐ Yes  
☐ No

**Has Your Candidate had out of state, Federal or Military Law Enforcement Training? \***

- ☐ Yes  
☐ No

**The South Carolina Criminal Justice Academy (Academy) provides reasonable accommodations in accordance with the Americans with Disabilities Act (ADA) for individuals with documented disabilities who demonstrate a need for accommodation, when such accommodations can be provided without compromising the Academy's training or certification standards. Will you need testing accommodations because of a disability while at the Academy? \***

- ☐ Yes  
☐ No

## Verification of Background Investigation

(Driver's Record; Credit Check; Criminal Record Check) Applicants must list any and all criminal charges regardless of the date of offense and the disposition (dismissal, not guilty, not prosecuted). Do not include minor traffic offenses, but specifically include DUI, DWI, Driving While License Revoked/Suspended, Speeding to Elude Arrest, or Duty to Stop in Event of Accident. If you list a charge(s), please ensure that the In-State and Interstate Criminal History Check shows Final Disposition for each charge(s).

**Applicant can list criminal charges in this box.**

**Upon Completion of Background Investigation please check appropriate box below: \***

- ☐ Criminal Record  
☐ No Criminal Charges  
☐ No Criminal Convictions or Pending charges other than minor traffic offenses

**Investigators Comments:****Date Investigation Began \*****Date Investigation Ended \***

mmddyyyy

mmddyyyy

**Investigators Title \*****Investigators Name \***

Chief, Lt., Sgt. etc.

Inv. First Name

Inv. Last Name

**Investigators Phone Number \*****Investigators Address (if different from employing agency)**

By checking the box below, as the applicant for training and certification, I attest that I am aware of the minimum standards for employment as a law enforcement officer, that I meet or exceed each of those requirements, that the information provided above and all other information submitted by me, both oral and written throughout the employment and certification process, is thorough, complete, and accurate to the best of my knowledge. I further understand and agree that any omission, falsification or misrepresentation of any fact or portion of such information can be the sole basis for termination of my employment and/or denial, suspension or revocation of my certification at any time. I specifically acknowledge that my continued employment and certification are contingent on the results of the fingerprint records check and other criminal records being consistent with the information provided to my employer and to the South Carolina Criminal Justice Academy.

Applicant Attestation ☐ I Agree

\*

By checking the box below, I, as an official representative of the appointing agency, do submit to the Criminal Justice Academy, the above named appointee as a candidate for training/certification. The candidate meets or exceeds each of the minimum standards for employment and this Agency has properly conducted the required employment procedures as established by the South Carolina Criminal Justice Academy as required by the Code of laws of South Carolina, 1976, Chapter 23 Training for Law Enforcement Officers and Regulations Chapter 38. I acknowledge that any omission, falsification or misrepresentation of information or procedures, by either the candidate or this Agency, through the employment and/or certification process may result in certification being denied, suspended or revoked by the South Carolina Criminal Justice Academy.

Agency  
Head/Authorized  
Representative \*

☐ I Agree

## South Carolina Criminal Justice Academy

DOCUMENT ATTESTATION FOR ACADEMY REGISTRATION

### Documents on File at this Department:

1. Copy of Birth Record or Naturalization Papers which ensure that the Candidate is 21 years of age and a United States Citizen
2. Copy of High School Diploma, G.E.D., Equivalency Certificate (Military or other), Official Transcript accepted by the South Carolina Department of Education or South Carolina special certificate.
3. Certified South Carolina Driving Record - Must cover the 5 previous years with "NO SUSPENSIONS" as a result of DUI,

**DWI, Reckless Homicide, Involuntary Manslaughter or Leaving the Scene of an Accident**

Note: State or Local Correctional Officers may hold a valid Driver's License from any other Jurisdiction in the United States

**4. Certified Out of State Driving Record. Required only if Candidate has not been in South Carolina for the previous 5 years. Out of State record must reflect "NO SUSPENSIONS" as a result of DUI, DWI, Reckless Homicide, Involuntary Manslaughter or Leaving the Scene of an Accident.**

By checking the box below, I hereby attest that the documentation as required by S.C. Code Ann. 23-23-60 (B)(1) through (B)(9) has been reviewed and will be maintained by this department in the above referenced officer's file. I understand that should any conflict regarding documentation authenticity arise, the South Carolina Criminal Justice Academy reserves the right to review all documents maintained by the department on this officer.


Agency Head/Authorized Representative \* ☐ I agree

Printed Agency Head or Authorized Representative Name that has submitted this document \*

Agency Head First Name Agency Head Last Name

Agency Head or AR Title \*

Chief, Director, etc.

Date \* 03 - 22 - 2017   
Month Day Year

Submit

Clear Form

 Print Form

**SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY**  
**5400 Broad River Road**  
**Columbia, South Carolina 29212-3540**  
**(803) 896-7802**

\*\*\*\*\*

**MEDICAL HISTORY, EXAMINATION, AND FITNESS FOR TRAINING**

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**TO THE EMPLOYER:**

This form is inappropriate for use as a pre-offer inquiry under existing State and Federal law. **THIS FORM SHOULD NOT BE USED UNTIL A CONDITIONAL OFFER OF EMPLOYMENT IS MADE.** Once a conditional offer of employment is made, you may use this form and the accompanying medical examination to determine if the applicant can perform the essential functions necessary to successfully complete training at the Criminal Justice Academy. All inquiries should focus on the applicant's ability to perform the position being sought, not focus on any perceived physical or mental disability which would exclude the applicant.

---

**REPORT OF EXAMINATION**  
**To be on file at the Academy**

**TO THE CANDIDATE:**

All information **MUST** be completed. Please type or print legibly and provide to your examining physician. Attach additional sheets/documentation as necessary. By my signature, I certify that there are no willful misrepresentations, omissions or falsifications in my answers below and the answers given are true to the best of my knowledge and belief. Any falsification, withholding or failure to answer all questions completely and accurately may disqualify me from receiving training and/or certification as a law enforcement officer. I understand this information will be used to determine whether I am medically capable of performing the essential functions and physical demands of the training at the South Carolina Criminal Justice Academy. **Medical information regarding my ability to perform these functions and demands will be made available to the South Carolina Criminal Justice Academy and I do, hereby, waive any privacy rights I may have under HIPAA (110 Stat. 1936) with regard to this examination and any medical treatment I may need during my period of training at the South Carolina Criminal Justice Academy.**

**Candidate's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CANDIDATE'S NAME:** \_\_\_\_\_

**CANDIDATE'S SOCIAL SECURITY NUMBER:** \_\_\_\_\_

CANDIDATE'S EMPLOYING LAW ENFORCEMENT AGENCY:

CANDIDATE'S DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ CANDIDATE'S AGE: \_\_\_\_

CANDIDATE'S HOME ADDRESS: \_\_\_\_\_

CANDIDATE'S HOME TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER FOR EMERGENCY CONTACT: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

1. Do you have or have you ever had:

	YES	NO		YES	NO
Measles	_____	_____	Bronchitis	_____	_____
Mumps	_____	_____	Chickenpox	_____	_____
Polio	_____	_____	Seizures	_____	_____
Pneumonia	_____	_____	Tuberculosis (TB)	_____	_____
Cancer	_____	_____	Diabetes	_____	_____ <sup>ttt</sup>
Blood Problems	_____	_____	High Blood Pressure	_____	_____ *
Heart Problems	_____	_____ <sup>t</sup>	Kidney Problems	_____	_____
Ulcers	_____	_____	Arthritis	_____	_____
Hernia	_____	_____	Skin Problems	_____	_____
Back Problems	_____	_____	Asthma	_____	_____
Hemorrhoids	_____	_____	Mental Illness	_____	_____
Hepatitis	_____	_____	Lung Problems	_____	_____
Surgery	_____	_____ **	Significant Injury	_____	_____ <sup>tt</sup>
High Cholesterol or	_____	_____	Lupus	_____	_____
High Triglycerides	_____	_____ ***			

\*High Blood Pressure – If Yes, Explain: \_\_\_\_\_  
Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

<sup>t</sup>Heart Problems – If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

\*\*Surgery – If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

<sup>tt</sup>Significant Injury – If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*High Cholesterol or High Triglycerides – If Yes, Explain: \_\_\_\_\_

\*\*\*Diabetic – If Yes, Type 1 OR Type 2  
Explain: \_\_\_\_\_

2. Are you allergic to any medicines, food or other substances? YES NO  
If Yes, please list all items you are allergic to: \_\_\_\_\_

3. Do you use:	Yes	No	How Much?	In Past?
Cigarettes	_____	_____	_____	_____
Cigars	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____
Drugs	_____	_____	_____	_____

4. List all medications you take regularly:

5. Have you ever been exposed to fumes, dust, chemicals, loud noise or radiation at work or elsewhere? YES NO  
If Yes, Explain: \_\_\_\_\_

6. Have you ever been unable to hold a job because of medical reasons? YES NO  
If Yes, Explain: \_\_\_\_\_

7. Have you lost time from work for medical reasons in the past five years? YES NO  
If Yes, Explain: \_\_\_\_\_

8. Have you ever suffered a back or pelvis injury? YES NO  
If Yes, Explain: \_\_\_\_\_

9. Have you ever been injured in an automobile accident? YES NO  
If Yes, Explain: \_\_\_\_\_

10. Have you ever been injured in an industrial accident? YES NO  
If Yes, Explain: \_\_\_\_\_

11. Do you have any medical disability? YES NO  
If Yes, Explain: \_\_\_\_\_

12. Have you ever experienced an injury to any bones or joints? YES NO

If Yes, Explain: \_\_\_\_\_

13. Have you ever experienced any shortness of breath? YES NO

If Yes, Explain: \_\_\_\_\_

14. Do you have any respiratory disorders (Asthma, etc...)? YES NO

If Yes, Explain: \_\_\_\_\_

15. Have you had any surgery during the past 12 months? YES NO

If Yes, List: \_\_\_\_\_

16. Are you pregnant? YES NO If No, skip to question 17

If Yes:

OB/GYN PHYSICIAN'S NAME: \_\_\_\_\_

OB/GYN PHYSICIAN'S PHONE: \_\_\_\_\_

17. Are you presently involved in an exercise program? YES NO

If Yes, Explain: \_\_\_\_\_

If No, when was the last time you were involved in an exercise program and what did that exercise program entail? \_\_\_\_\_

18. How do you rate your overall health? Poor \_\_\_\_ Fair \_\_\_\_ Good \_\_\_\_ Excellent \_\_\_\_

Explain: \_\_\_\_\_

**[REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK]**

### TO THE PHYSICIAN:

All information MUST be completed. Please type or print legibly and return to the Law Enforcement Candidate and/or the Employing Law Enforcement Agency. Attach additional sheets/documentation as necessary.

It is the primary consideration of the South Carolina Criminal Justice Academy to safeguard the health and well-being of all candidates participating in our training. Therefore, all candidates for training at the South Carolina Criminal Justice Academy should be free of any medical, mental, psychological, or other conditions which may interfere with his/her ability to safely participate in and successfully perform law enforcement activities. Below is a listing of program curriculum and proficiency performance areas for Physician review and consideration in conjunction with the Physician's knowledge regarding the candidate's past and current medical condition. The program curriculum and proficiency performance areas include, but are not limited to:

- Complete formation runs of various distances up to 5.0 miles in length in a timely manner, without stopping (Class 1 Law Enforcement Officer)
- Participate in 90 minute long physical training sessions designed to increase strength and endurance (Class 1 Law Enforcement Officer)
- Tolerate exposure to extreme heat/cold/humidity/inclement weather
- Climb, crawl, wrestle, jump, lift and drag heavy weights
- Visually distinguish targets on a firing range at distances of up to 75 yards
- Safely operate a motor vehicle at various speeds, including very high speeds, and under varying conditions, including with police lights and sirens activated (Class 1 Law Enforcement Officer)
- Tolerate loud noises (sudden and sustained) to include sirens, weapons firing, and other percussions
- Safely handle various types of weapons, including, but not limited to firearms, tazers, OC Spray (Pepper Spray), Impact Weapons (Asp, Baton, etc...). This includes being able to independently hold and fire a firearm with either hand (fire one handed).
- Tolerate the psychological stresses of law enforcement work, including working swing shifts, observing and assisting with traumatic incidents (deciding to discharge weapon in protection of self or others; responding to serious crimes in progress; responding to child abuse cases; death and dismemberment scenes; and other acts of extreme malice, etc...), work long hours without the possibility of relief (emergency situations, etc...), and high stress incidents (active shooter incidents, etc...)
- Participate in physically rigorous defensive tactics training including, but not limited to:
  - 1) joint manipulation
  - 2) handcuffing (hands extended behind back)
  - 3) take down techniques (prone position flat on stomach)
  - 4) kicks and strikes utilizing padded bags for protection
  - 5) bending at the waist
  - 6) Kneel on knees (together and individually) unsupported

- Complete a physical agility assessment course, including, but not limited to: running up and down stairs, jumping through an open window, and dragging a 170 lbs dead weight bag (Class 1 Law Enforcement Officer)
- Physical activity and engagements in scenario based training sessions
- Tolerate exposure to various gas/chemical elements (Pepper Spray, OC Spray, Tear Gas, etc...)
- Sit in a desk chair for up to ten (10) hours at a time
- Sustain this level of functioning for 12-14 hours per day for at least 5 days per week

**PATIENT/CANDIDATE'S NAME:** \_\_\_\_\_

**PATIENT/CANDIDATE'S SOCIAL SECURITY NUMBER:** \_\_\_\_\_

	Normal	Abnormal	Explanation
Eyes	_____	_____	_____
Ears	_____	_____	_____
Hearing	_____	_____	_____
Nose	_____	_____	_____
Throat	_____	_____	_____
Mouth	_____	_____	_____
Neck	_____	_____	_____
Chest/Lungs	_____	_____	_____
Heart	_____	_____	_____
Abdomen	_____	_____	_____
Hernia	_____	_____	_____
Genitourinary	_____	_____	_____
Back	_____	_____	_____
Extremities	_____	_____	_____
Upper	_____	_____	_____
Lower	_____	_____	_____
Neurologic	_____	_____	_____
Psychological	_____	_____	_____
Skin	_____	_____	_____
U.A. Chemistry	_____	_____	_____

**TB Skin Test: Attach DHEC Form 1420**

Height \_\_\_\_\_

Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Pulse \_\_\_\_\_

Visual Acuity R \_\_\_\_\_ L \_\_\_\_\_ Without correction

R \_\_\_\_\_ L \_\_\_\_\_ With correction

Color Vision \_\_\_\_\_

The medical history and physical examination results for this Candidate are on file in the Physician's office at the below address and will be made available to the Criminal Justice Academy in full upon request. The Candidate has been informed of the examination results and the presence of any conditions which may need follow-up evaluation and/or treatment. If questions of suitability should arise during the course of training, a candidate may be required to obtain follow-up medical evaluation at the expense of the candidate or his/her employer.

**ATTESTATION:** I have reviewed the activities that this candidate for law enforcement training will be required to participate in during his/her training at the South Carolina Criminal Justice Academy. I have conducted a complete physical examination of this candidate and attest that he/she (\_\_\_\_ is) (\_\_\_\_ is not) medically suitable to participate in the training program at the Academy.

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN'S NAME:** \_\_\_\_\_

**PHYSICIAN'S ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN'S PHONE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature**

**NOTE:** All information must be completed above, the Physician must check medically suitable/unsuitable and sign and date this page.

\_\_\_\_\_  
**[REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK]**

**TO THE CANDIDATE:**


This section is to remain blank until you report to the South Carolina Criminal Justice Academy for training.

**ATTESTATION:** I have reviewed this Medical History, Examination, and Fitness for Training form and hereby attest that answers I provided are **STILL** true to the best of my knowledge. I further attest that I have fully disclosed my medical history and current physical condition through this form. **Additionally, I agree to inform the staff of the South Carolina Criminal Justice Academy as soon as is reasonably possible if I become aware any of the information I have provided through this form has changed or is untrue.**


**Date:** \_\_\_\_\_

\_\_\_\_\_  
Candidate's Signature

**[REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK]**

		<b>School Employee/Individual Certificate of Evaluation for Tuberculosis</b>			
Name: Last _____ First _____ M.I. _____ Residence Address _____ City _____ County _____ Public or private school, kindergarten, nursery or day care center of current employment or other employer or individual _____ Date employed _____					
<b>TEST RESULTS</b>	<b>TUBERCULIN SKIN TEST</b> _____ 5 TU PPD _____ mm _____ MANTOUX METHOD _____ Date Given _____ Date Interpreted _____		<b>CHEST X-RAY</b> Date _____ Interpretation _____		<b>REMARKS</b>
	<b>DISPOSITION</b> _____ No tuberculosis infection per 5 TU PPD <sup>1</sup> _____ Tuberculosis infection, no evidence of disease _____ Preventive treatment started _____ and completed _____ <sup>1</sup> _____ Preventive treatment started _____ but not completed <sup>2</sup> _____ Preventive treatment not prescribed/refused <sup>2</sup> _____ History of tuberculosis disease Treatment started _____ and completed _____ _____ Current tuberculosis disease _____ Non-contagious as of _____ and medically cleared to start/resume school/other employment on _____ <sup>1</sup> No further routine screening required. <sup>2</sup> Remains at lifelong risk of developing tuberculosis.				
<b>CERTIFICATION</b>	_____ This is to certify that I have examined the school employee named herein for tuberculosis and report my findings as indicated above pursuant to the Code of Laws of South Carolina, 1976, as amended April 24, 1979. _____ This is to certify that I have examined the individual named herein for tuberculosis and report my findings as indicated above.				
	Physician's Signature _____ Date _____				

DHEC 1420 (08/1998) **DISPOSITION:** This form shall be retained in the files of the current employer or individual following evaluation and certification.

		<b>School Employee/Individual Certificate of Evaluation for Tuberculosis</b>			
Name: Last _____ First _____ M.I. _____ Residence Address _____ City _____ County _____ Public or private school, kindergarten, nursery or day care center of current employment or other employer or individual _____ Date employed _____					
<b>TEST RESULTS</b>	<b>TUBERCULIN SKIN TEST</b> _____ 5 TU PPD _____ mm _____ MANTOUX METHOD _____ Date Given _____ Date Interpreted _____		<b>CHEST X-RAY</b> Date _____ Interpretation _____		<b>REMARKS</b>
	<b>DISPOSITION</b> _____ No tuberculosis infection per 5 TU PPD <sup>1</sup> _____ Tuberculosis infection, no evidence of disease _____ Preventive treatment started _____ and completed _____ <sup>1</sup> _____ Preventive treatment started _____ but not completed <sup>2</sup> _____ Preventive treatment not prescribed/refused <sup>2</sup> _____ History of tuberculosis disease Treatment started _____ and completed _____ _____ Current tuberculosis disease _____ Non-contagious as of _____ and medically cleared to start/resume school/other employment on _____ <sup>1</sup> No further routine screening required. <sup>2</sup> Remains at lifelong risk of developing tuberculosis.				
<b>CERTIFICATION</b>	_____ This is to certify that I have examined the school employee named herein for tuberculosis and report my findings as indicated above pursuant to the Code of Laws of South Carolina, 1976, as amended April 24, 1979. _____ This is to certify that I have examined the individual named herein for tuberculosis and report my findings as indicated above.				
	Physician's Signature _____ Date _____				

DHEC 1420 (08/1998) **DISPOSITION:** This form shall be retained in the files of the current employer or individual following evaluation and certification.

**To be completed for Limited Duty Officers**

### VERIFICATION & CERTIFICATION OF THE FIREARMS QUALIFICATION

Officer's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Firearms Instructor's Name: \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the above-named Officer was taken to the firearms range for qualification purposes. I, the Firearms Instructor, certify the following tasks were completed and the results to be accurate and I recommend the above-named Officer be QUALIFIED.

- (A) Officer was given basic weapon safety, both on duty and off duty.  
(B) Weapons liability, both on duty and off duty, was explained to the Officer.  
(C) The Officer fired the qualification course required by the S. C. Criminal Justice Academy with the following results:

REVOLVER COURSE: 50 Round 25 Yard TRC \_\_\_\_\_ Points (250 Max.)  
(188 Min.)

AUTO PISTOL COURSE: 50 Round 25 Yard AutoCourse \_\_\_\_\_ Points (250 Max.)  
(188 Min.)

Signature of CJA Accredited Firearms Instructor: \_\_\_\_\_

**Print CJA Accredited Firearms Instructor's Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_

My Current Accredited Firearms Instructor's Certification Date Is: \_\_\_\_\_

# EMERGENCY VEHICLE OPERATION AFFIDAVIT

I do hereby certify that the above-named Officer has been instructed, fully understands and has been given a copy of this department's Emergency Response Driving Policy.

**Department's Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete and mail to:

SC Criminal Justice Academy  
Basic Training Registration  
5400 Broad River Road  
Columbia, SC 29212  
Fax – 803 896-8360



**South Carolina Criminal Justice Academy  
Registration Section  
5400 Broad River Road  
Columbia, SC 29212  
803-896-8360 (fax)**

**Application for Accommodations**

**PART I**

**Please print legibly (black or blue ink only) or type. To be completed by candidate.**

This completed form and required documentation must be mailed to the address as listed above. Requests must be supported by documentation certifying the disability from a qualified professional appropriate for evaluating the disability. Review of a request for accommodations will be deferred until the necessary documentation is submitted. Attach additional pages as necessary.

Accommodations are requested for the following class: \_\_\_\_\_

Date Class Begins: \_\_\_\_\_

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

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

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

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ Zip

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

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

**Nature of Disability**

☐ Chronic Health Problem

☐ Hearing Disability

☐ Learning Disability

☐ Other Disability

☐ Temporary Accidental Injury

☐ Visual Disability

☐ Physical Disability

To document your need for accommodation as completely as possible, please attach, in addition to professional documentation, a personal statement describing in detail your disability and the accommodations requested.

How long ago was your disability first professionally diagnosed? The most recent documentation concerning your disability must be included with this request.

☐ less than 1 year

☐ 1-2 years

☐ 2-4 years

☐ 5 or more years

What accommodation(s) are you requesting? Please explain how each accommodation request will assist you in alleviating your disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you require wheelchair access at the facility?

☐ Yes

☐ No

If your request is for classroom accommodation(s), have you ever received a classroom accommodation(s) in the past?

Secondary or elementary school ☐ Yes ☐ No Year(s): \_\_\_\_\_

If yes, accommodation(s) received:

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College ☐ Yes ☐ No Year(s): \_\_\_\_\_  
If yes, accommodation(s) received:

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Post Graduate ☐ Yes ☐ No Year(s): \_\_\_\_\_  
If yes, accommodation(s) received:

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Prior attendance at South Carolina Criminal Justice Academy: ☐ Yes ☐ No Year(s): \_\_\_\_\_

If yes, accommodation(s) received:

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### Certification and Authorization

Under penalties of perjury, I hereby certify that the above information is true and accurate. I understand that false information contained in this application may be cause for loss of a certification or denial of possible certification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand the South Carolina Criminal Justice Academy will use the information obtained by this authorization to determine eligibility for a reasonable accommodation with regard to training procedures and/or housing during my training. If clarification and/or further information regarding my disability or requested accommodation the documentation provided is needed, I authorize the South Carolina Criminal Justice Academy to contact the professional(s) who diagnosed the disability and/or the professional(s) who provided the documentation attached to this request and I authorize those entities to communicate with the South Carolina Criminal Justice Academy for the purpose of providing such clarification and/or further information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PART II**

**Please print legibly (black or blue ink) or type. To be completed by the Practitioner.**

Requests shall be supported by documentation certifying the disability from a qualified professional appropriate for evaluating the disability.

Practitioner's Name:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

Office Address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

Office Phone Number:

\_\_\_\_\_  
Office Fax Number:

Type of Practice

Patient's Full Name:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

Date Patient First Consulted:

\_\_\_\_\_  
mm/dd/yyyy

Date Patient Last Seen:

\_\_\_\_\_  
mm/dd/yyyy

Diagnosis of Disability:

Name of Test(s) Used:

Length of Time with Condition:

Recommended Accommodation(s):

**Please note:**

I hereby certify that the above information is true and is given pursuant to the authorization to release information by my patient. Under penalties of perjury, I declare that the foregoing statements and those in any accompanying documents or statements are mine and that they are true. I hereby certify that I personally examined and evaluated the patient whose name appears on this form and, as a result of that evaluation, that I have completed this portion of this application and that I may be asked to verify the above information at any time.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Practitioner's License Number:** \_\_\_\_\_

**Submit this form to the following address:**

**South Carolina Criminal Justice Academy  
Registration Section  
5400 Broad River Road  
Columbia, SC 29212  
(803) 896-8360 (fax)**





South Carolina Criminal Justice Academy  
Registration Section  
5400 Broad River Road  
Columbia, SC 29212  
803-896-8360 (fax)

**Application for Food Accommodations**

**PART I**

**Please print legibly (black or blue ink only) or type. To be completed by Candidate.**

This completed form and required documentation must be mailed to the address as listed above. Requests must be supported by documentation certifying the food allergy from a qualified professional appropriate for evaluating the food allergy. Review of a request for food accommodations will be deferred until the necessary documentation is submitted. Attach additional pages as necessary.

Accommodations are requested for the following class: \_\_\_\_\_

Date Class Begins: \_\_\_\_\_

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

Last

First

Middle

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

Address

City

Zip

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

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

Nature of Food Allergy: \_\_\_\_\_

To document your need for food accommodation as completely as possible, please attach, in addition to professional documentation, a personal statement describing in detail your food allergy and the food accommodations requested.

How long ago was your food allergy first professionally diagnosed?

☐ less than 1 year

☐ 1-2 years

☐ 2-4 years

☐ 5 or more years

What food accommodation(s) are you requesting?

### **Certification and Authorization**

Under penalties of perjury, I hereby certify that the above information is true and accurate. I understand that false information contained in this application may be cause for loss of a certification or denial of possible certification.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I understand the South Carolina Criminal Justice Academy will use the information obtained by this authorization to determine eligibility for a reasonable food accommodation during my training. If clarification and/or further information regarding my food allergy is needed, I authorize the South Carolina Criminal Justice Academy to contact the professional(s) who diagnosed the food allergy and/or the professional(s) who provided the documentation attached to this request and I authorize those entities to communicate with the South Carolina Criminal Justice Academy for the purpose of providing such clarification and/or further information.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PART II**

**Please print legibly (black or blue ink) or type. To be completed by Practitioner.**

Requests shall be supported by documentation certifying the food allergy from a qualified professional appropriate for evaluating the food allergy.

Practitioner's Name:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

Office Address:

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ Zip

Office Phone Number:

\_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Type of Practice \_\_\_\_\_

Patient's Full Name:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

Date Patient First Consulted:

\_\_\_\_\_ mm/dd/yyyy

Date Patient Last Seen:

\_\_\_\_\_ mm/dd/yyyy

Diagnosis of Food Allergy: \_\_\_\_\_

Name of Test(s) Used: \_\_\_\_\_

Length of Time with Allergy: \_\_\_\_\_

Recommended Food Accommodation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the patient/candidate need any emergency medical treatment or medicine with them during training in case of accidental exposure?

YES

NO

If yes, please list emergency medical treatment and/or medicine:  
\_\_\_\_\_  
\_\_\_\_\_

Please note:

I hereby certify that the above information is true and is given pursuant to the authorization to release information by my patient. Under penalties of perjury, I declare that the foregoing statements and those in any accompanying documents or statements are mine and that they are true. I hereby certify that I personally examined and evaluated the patient whose name appears on this form and, as a result of that evaluation, that I have completed this portion of this application and that I may be asked to verify the above information at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner's License Number: \_\_\_\_\_

Submit this form to the following address:

**South Carolina Criminal Justice Academy  
Registration Section  
5400 Broad River Road  
Columbia, SC 29212  
(803) 896-8360 (fax)**



### **BTOT Forms**

Documentation for BTOT Registration Checklist -- WORD Document that can be sent via email  
Basic Telecommunication Operator Application and Document Attestation – Electronic Form

**SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY  
5400 Broad River Road  
Columbia South Carolina, 29212-3540**

**Candidate's Name:** \_\_\_\_\_

**Candidate's SS#:** \_\_\_\_\_

**BASIC TELECOMMUNICATIONS OPERATOR  
Documentation for Registration  
Check List**

**You Are Required To Bring The Following Documents To Registration**

☐ **Basic Telecommunications Operator Training Application**

☐ **Document Attestation Form for Registration**

**This Document must be signed by the Agency Head or Authorized Representative attesting that the following documents are maintained by the department in the above referenced Operator's file.**

- **Copy of Birth record which ensures that the candidate is at least 18 years of age**
- **Copy of High School Diploma, G.E.D. Equivalency or Official Transcript accepted by the South Carolina Department of Education (No Certificates)**

☐ **Copy of FEMA ICS-100 Training Certificate (prerequisite)**

Revised 08/17/12

## South Carolina Criminal Justice Academy

5400 Broad River Road Columbia, SC 29212-3540

### Basic Telecommunication Operator Training Application and Document Attestation

**Type of Training Requested:**

Class 4 Telecommunications Officer

**Agency Name: \*****Training Officer Email: \***

ex: myname@example.com

**Training Officer Phone Number: \***

<input type="text"/>	-	<input type="text"/>
Area Code		Phone Number

**Candidates Full Name \***

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Initial	Last Name	Suffix

**Candidates E-mail**

ex: myname@example.com

**Candidates Address**

<input type="text"/>	
Street Address	
<input type="text"/>	<input type="text"/>
City	State / Province
<input type="text"/>	
Postal / Zip Code	

**Phone contact type****Candidates Contact Phone Number**

<input type="text"/>	-	<input type="text"/>
Area Code		Phone Number

**Date of Birth \***

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

**Place of Birth:****Race: \*****Sex: \*****Hair****Eye Color****Height (Inches)****Weight****Date of Hire as 911 Dispatcher: \***

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

**Education Level:****Copy of FEMA ICS 100 (please upload here)** No file chosen**Does your candidate have previous SC Dispatcher experience in the past 3 years? \***

- ☐ Yes  
☐ No

**Does your candidate have previous Out of State Dispatcher experience in the past 3 years? \***

- ☐ Yes  
☐ No

**Candidate is covered by Workman's Compensation for on-the-job injury. \***

- ☒ Yes  
☐ No

**Candidate is scheduled to work the standard hours as prescribed for 911 Operators of the agency. \***

☒ Yes☐ No

Candidate was hired by and is regularly on the payroll of this agency. \*

☒ Yes☐ No

The South Carolina Criminal Justice Academy (Academy) provides reasonable accommodations in accordance with the Amended Americans with Disabilities Act (ADA) for individuals with documented disabilities who demonstrate a need for accommodation, when such accommodation can be provided without compromising the Academy's training or certification standards.

Does your candidate require Special Testing Accommodations?

☐ Yes☐ No

### Criminal Record Check

List any conviction, plea of guilty, plea of no contest or admission of guilt (regardless of withheld adjudication) to a felony, a crime punishable by a sentence of more than one year (regardless of the sentence actually imposed, if any). If you list charge(s), please ensure that the In-State and Interstate Criminal History check shows final disposition information for each charge. If not please submit with this document.

Criminal Record: \*

☐ Yes☐ No

Investigator Comments:

Date Investigation Began: \*

MonthDayYear

Date Investigation Ended: \*

MonthDayYear

Investigator Name: \*

Investigator Title: \*

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	

By checking the box below, as the named applicant for training and certification, I attest that I am aware of the minimum standards for employment as a 911 Telecommunicator, that I meet or exceed each of those requirements, that the information provided above and all other information submitted by me, both oral, written and electronically throughout the employment and certification process, is thorough, complete, and accurate to the best of my knowledge. I further understand and agree that any omission, falsification or misrepresentation of any fact or portion of such information can be the sole basis for termination of my employment and/or denial, suspension or revocation of my certification at any time. I specifically acknowledge that my continued employment and certification are contingent on any other criminal records being consistent with the information provided to my employer and to the South Carolina Criminal Justice Academy.

\*

☐ I Agree

By checking the box below, I, as an official representative of the applying agency, do submit to the South Carolina Criminal Justice Academy the above named appointee as a candidate for training and certification. The candidate meets or exceeds each of the minimum standards for employment and this Agency has properly conducted the required employment procedures as established by the South Carolina Criminal Justice Academy as required by the Code of Laws of South Carolina, 1976, Chapter 23 Training for Law Enforcement Officers and Regulations Chapter 38. I acknowledge that any omission, falsification or misrepresentation of information or procedures, by either the candidate or this Agency, through the employment and/or certification process may result in certification being denied, suspended or revoked by the South Carolina Criminal Justice Academy.

\*

☐ I Agree

### Document Attestation

By checking the box below, I, as an authorized representative of the applying agency, attest that the documentation, as required by Regulations Chapter 38-061 (A) (1-4), has been reviewed and will be maintained by this department in the above referenced officers file.

I understand that should any conflict regarding document authenticity arise, the South Carolina Criminal Justice Academy reserves the right to review all documents maintained by the department on this officer.

**Documents on file at the Agency: \***

- ☐ Copy of Birth Record which ensures candidate is at least 18 years of age
- ☐ Copy of High School Diploma, G.E.D., Equivalency or Official Transcript accepted by the South Carolina Department of Education (No Certificates)

\*

☐ I Agree**Agency Head or Authorized Representative Printed Name that has submitted this application:**

---

**Agency Head or Authorized Representative Title:**

---

**Date of Submission:**

03	22	2017	
Month	Day	Year	

**Certification/Compliance Forms**

Personnel Change in Status (PCS): -- WORD Document that can be sent via email

New Employee

Routine Separations

Separation Due to Misconduct

911 TCO PCS

Mandatory Retraining Notification (MRN) -- WORD Document that can be sent via email



# SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY

5400 Broad River Road  
Columbia, South Carolina 29212-3540  
Attention: Certification Department  
Phone: (803) 896-7802 Fax: (803) 896-7803



## PERSONNEL CHANGE IN STATUS - HIRE FORM

Reporting Department	Telephone #	Today's Date
Officer's Name (First MI. Last)	SS# or Academy I.D.#	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Hire	Date of Birth	Race
Driver's License Number	Issuing State	
PLEASE CHECK ONE: <input checked="" type="checkbox"/> Class 1 LE <input type="checkbox"/> Class 3SLE (Limited Duty) <input type="checkbox"/> Reserve Appointment <input type="checkbox"/> Class 2LCO (Jailer) <input type="checkbox"/> Class 1LECO (LEO/Jailer) <input type="checkbox"/> Coroner <input type="checkbox"/> Deputy Coroner		

Commissioning Agency \_\_\_\_\_ Date \_\_\_\_\_

### AFFIDAVIT OF BACKGROUND INVESTIGATION

I hereby attest that I have conducted a complete background investigation on the above officer. Below is a list of this officer's former law enforcement agencies contacted for terms of separation:

Date Contacted	Agency(s)	Contact Person

My background investigation concluded that this officer is of "Good Character" and does not have any disqualifications which would render the officer uncertifiable under the South Carolina Training Act, Section 23-23-60 and I hereby make application for certification.

A complete and current Criminal History Check has been conducted and charge(s):

- ☐ WERE NOT FOUND (no CHC / NCIC is required)  
☐ WERE FOUND (attach CHC / NCIC showing disposition)

A complete and current Driving Record has been reviewed and Suspension(s) as a result of driving under the influence of alcoholic beverages or dangerous drugs, driving while impaired, reckless homicide, involuntary manslaughter, or leaving the scene of an accident:

- ☐ WERE NOT FOUND (no Driving Record is required)  
☐ WERE FOUND (attach Driving Record showing suspensions)

Signature of Investigating Officer: \_\_\_\_\_  
(Sign) (Print Name)

Authorizing Signature for Department \_\_\_\_\_ / \_\_\_\_\_  
(Print Name) Date: \_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

Signature of Notary Public for South Carolina \_\_\_\_\_  
Print Name

My commission expires: \_\_\_\_\_



# South Carolina Criminal Justice Academy Certification-Compliance



## PERSONNEL CHANGE IN STATUS REPORT NOTIFICATION OF ADMINISTRATIVE/ROUTINE SEPARATION

Reporting Department \_\_\_\_\_

Phone # \_\_\_\_\_

Today's Date \_\_\_\_\_

Officer's Name \_\_\_\_\_

Academy I.D. # \_\_\_\_\_

Officer's Current Home Address \_\_\_\_\_

City/Town \_\_\_\_\_

Zip Code \_\_\_\_\_



CHECK ONE:

☐ E-911 (TCO)

☐ Reserve Officer

☐ Coroner

☐ Deputy Coroner

☐ Class 1 LE

☐ Class 2LCO (Jailer)

☐ Class 1LECO (LEO/Jailer)

☐ Class 3SLE (Limited Duty)

*(For all separations **NOT** involving misconduct as defined in S.C. Reg. 37-025)*

PLEASE ATTACH MRN (MANDATORY RETRAINING NOTIFICATION) FORM  
INDICATING IN-SERVICE TRAINING RECEIVED SINCE LAST RENEWAL

**(Please check appropriate reason(s) for separation)**

**Date of Separation:** \_\_\_\_\_ **(specify mo/day/yr)**

\_\_\_\_\_ Resigned

\_\_\_\_\_ Retired

\_\_\_\_\_ Deceased

\_\_\_\_\_ Accepted employment with another Law Enforcement Agency

\_\_\_\_\_ Medical Leave

\_\_\_\_\_ Military Leave

\_\_\_\_\_ Failure to successfully complete basic training

\_\_\_\_\_ Failure to successfully complete in-service training

\_\_\_\_\_ Transfer from \_\_\_\_\_ law enforcement classification to \_\_\_\_\_ law enforcement classification

\_\_\_\_\_ Termination for violation of AGENCY policy **NOT** involving misconduct as defined in S.C. Reg. 37-025 (i.e., substandard performance, excessive absenteeism, sleeping on duty, etc)

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

I hereby attest that the reason for separation of this officer does **NOT** involve misconduct or otherwise disqualify eligibility for certification as defined in S.C. Reg. 37-025.

EMPLOYING AGENCY HEAD: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

OFFICIAL TITLE: \_\_\_\_\_

CJA USE: MRN: \_\_\_\_\_ CODE: \_\_\_\_\_ ID: \_\_\_\_\_ DATE: \_\_\_\_\_

Revised 06/06/2016



## South Carolina Criminal Justice Academy Certification-Compliance



### PERSONNEL CHANGE IN STATUS REPORT NOTIFICATION OF SEPARATION DUE TO MISCONDUCT

This form **MUST** be completed within **15 days** of the discovery of any event of misconduct which is determined to be "FOUNDED" by the agency or department. The Misconduct Report Form, Separation Supplement, and all documentation related to the misconduct must be forwarded to the Criminal Justice Academy's Certification Unit.

Reporting Department

Agency Phone #

Today's Date

Officer's Name

Academy ID #

Home Telephone #

Officer's Current Home Address

City/Town

Zip Code

PLEASE CHECK



ONE:

☐ Class 1 LE

☐ Class 1LECO ☐ Class 2 LCO

☐ Class 3SLE (Limited Duty)

☐ Reserve Officer

(For any separation involving misconduct as defined in S.C. Reg. 37-025. Completion of the back of this form is **REQUIRED**)

**Date of Separation:**

(specify mo/day/yr)

Termination **INVOLVING MISCONDUCT** as defined in S.C. Reg. 37-025

Resignation **INVOLVING MISCONDUCT** as defined in S.C. Reg. 37-025

(Please indicate the nature of the misconduct by checking the appropriate selection below.)

<input type="checkbox"/>	Conviction, plea of guilty, plea of no contest or admission of guilt (regardless of withheld adjudication) to a felony, a crime punishable by a sentence of more than one year (regardless of the sentence actually imposed, if any) or a crime of moral turpitude in this or any other jurisdiction;
<input type="checkbox"/>	Unlawful use of a controlled substance;
<input type="checkbox"/>	The repeated use of excessive force in dealing with the public and/or prisoners;
<input type="checkbox"/>	Dangerous and/or unsafe practices involving firearms, weapons and/or vehicle which indicated either a willful or wanton disregard for the safety of persons;
<input type="checkbox"/>	Dangerous and/or unsafe practices involving firearms, weapons and/or vehicle which indicated either a willful or wanton disregard for the safety of property;
<input type="checkbox"/>	Physical or psychological abuses of members of the public and/or prisoners;
<input type="checkbox"/>	Misrepresentation of employment-related information;
<input type="checkbox"/>	Dishonesty/untruthfulness with respect to his/her employer;

Only events which have been substantiated by investigation have been reported above. The facts & information herein are true & accurate to the best of my knowledge. All investigation report(s), statements, test results, audio/video records, or other documentation related to the misconduct are attached to this Misconduct Report Form.

Employing Agency Head (Chief, Sheriff, Director)

Date

Print Name

Official Title

Revised 6/15



# South Carolina Criminal Justice Academy Certification-Compliance



## PERSONNEL CHANGE IN STATUS REPORT

### NOTIFICATION OF SEPARATION DUE TO MISCONDUCT – Page 2

Officer's Name \_\_\_\_\_ CJA ID# \_\_\_\_\_

Employing Agency Contact Person (for more information) \_\_\_\_\_

Contact Telephone Number (Area Code and Telephone Number): \_\_\_\_\_

**The below information is REQUIRED for all separations due to misconduct:**

**Reason for Separation:** (Do not use generic terminology such as conduct unbecoming, failed to meet agency standards, violation of agency operating procedures, etc. Be specific. Detailed information describing act(s) of misconduct is necessary for efficient processing. Attach additional sheets if necessary for full documentation.)

Criminal Charges Filed: Yes ☐ No ☐ Date: \_\_\_\_\_

CHARGE(S): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Only events which have been substantiated by investigation have been reported above. The facts & information herein are true & accurate to the best of my knowledge. All investigation report(s), statements, test results, audio/video records, or other documentation related to the misconduct are attached to this Misconduct Report Form.**

Employing Agency Head (Chief, Sheriff, Director): \_\_\_\_\_ DATE: \_\_\_\_\_

Print Name: \_\_\_\_\_ Official Title: \_\_\_\_\_

**NOTE: A willful failure to report may subject the violator to a civil penalty as provided by law.**

#### SCCJA USE ONLY

MRN: \_\_\_\_\_ CODE: \_\_\_\_\_ ID: \_\_\_\_\_ DATE: \_\_\_\_\_

Copy sent to Officer on \_\_\_\_\_ by \_\_\_\_\_  
Date \_\_\_\_\_ SCCJA'S Authorized Signature \_\_\_\_\_



# **SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY**

**Certification Compliance Unit**

**5400 Broad River Road**

**Columbia, South Carolina 29212**

**Phone: (803) 896-7802 Fax: (803) 896-7803**



## **911 Personnel Change In-Status - Hire Form**

**Reporting Department**

**Phone #**

**Today's Date**

**911 Operator's Name (First, Middle, Last)**

**SS# or Academy I.D.**

☐ **Male**

**Date of Birth**

**Race**

☐ **Female**

**The above 911 Operator was hired on:**

**Date of Hire**

### **Affidavit of Background Investigation**

I hereby attest that I have conducted a complete background investigation on the above 911 operator. My background investigation concluded that the above 911 operator does not have any conviction for any criminal offense that carries a possible sentence of more than one year and I, hereby, make application for 911 certification.

**Signature of Investigating Officer:**

**Authorized Signature for Department:**

**Date:**

**Sworn to and subscribed before me this**

**Day of Year**

**Signature of Notary Public for South Carolina**

**My commission expires:**

**Revised 8/15**

## SECTION II: ROSTER OF OFFICER(S) RENEWING CERTIFICATION

The listed officer(s) have completed or exceeded the minimum hours and required coursework for re-certification as a law enforcement officer, pursuant to South Carolina Code Section 23-23-60(C) 23-23-50(A) 37-010, as amended, as well as met the requirements for law enforcement vehicle training as required in Regulation 37-014, 015, 017, 018.

➤ **CLASS 1: CDV & Legal each yr., plus In-Service Hrs. for a total 40 hours**

➤ **CLASS 1 LECO: CDV & Legal each yr., plus 120 hours of In-Service**

➤ **CLASS 2: In-Service - 120 hours**

➤ **CLASS 3: One Legal each year**

➤ **IN-SERVICE HOURS = Can use any Law Enforcement Related Training**

➤ **Separate Certification Hours: Classes taken at CJA that grant you a Certification (other than Basic Training)**

CDV Year Viewed = (example: 2016, 2017, 2018) \*\*\*\* Legal Year Viewed = (example: 16/17, 17/18, 18/19)

OFFICER'S NAME	Academy I.D.#	CERT CLASS	CRIMINAL DOMESTIC VIOLENCE			LEGAL HOURS			IN-SERVICE & EVO Hrs.	Separate Certification Hours
			M/D/Y	MAKE UP	Year Viewed	M/D/Y	MAKE UP	YEAR Viewed		
			Yr.1	<input type="checkbox"/>		Yr.1	<input type="checkbox"/>			
			Yr.2	<input type="checkbox"/>		Yr.2	<input type="checkbox"/>			
			Yr.3	<input type="checkbox"/>		Yr.3	<input type="checkbox"/>			
			Yr.1	<input type="checkbox"/>		Yr.1	<input type="checkbox"/>			
			Yr.2	<input type="checkbox"/>		Yr.2	<input type="checkbox"/>			
			Yr.3	<input type="checkbox"/>		Yr.3	<input type="checkbox"/>			
			Yr.1	<input type="checkbox"/>		Yr.1	<input type="checkbox"/>			
			Yr.2	<input type="checkbox"/>		Yr.2	<input type="checkbox"/>			
			Yr.3	<input type="checkbox"/>		Yr.3	<input type="checkbox"/>			

## SECTION III: SCCJA INSTRUCTOR HOURS

The following S.C. Criminal Justice Academy accredited instructor(s) have completed or exceeded the minimum of twelve (12) hours of instructional activities required annually.

OFFICER'S NAME	Academy I.D. #	CHECK REPORTING YEARS	ENTER NO. OF INSTRUCTOR TEACHING HRS.						
			001	002	003	004	005	006	007
			<input type="checkbox"/> 1-3						
		<input type="checkbox"/> 1-3							

## INSTRUCTOR CODES

CODE 001 - BASIC INST.

CODE 002 - DEFENSIVE TACTICS INST.

CODE 003 - DRIVING INST.

CODE 004 - FIREARMS

CODE 005 - OC INST.

CODE 006 - SPEED MEASURING DEVICE INST.

CODE 007 - GROUND DEFENSE INST.



# **SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY**

5400 Broad River Road  
Columbia, South Carolina 29212-3540



## **MRN Mandatory Retraining Notification**

### **SECTION I: ATTESTATION**

<b>AGENCY:</b>				
<b>REPORTING FOR:</b>	<b>YEAR 1</b> <input type="checkbox"/>	<b>YEAR 2</b> <input type="checkbox"/>	<b>YEAR 3</b> <input type="checkbox"/>	<b>YEARS 1-3</b> <input type="checkbox"/>
<b>Certification Renewal Date:</b> <a href="#">Click here to enter a date.</a>				

By my signature hereto, I certify and make an official statement, that pursuant to South Carolina Code Section 23-23-60(C), as amended, the officer(s) identified on SECTION II of the Mandatory Retraining Notification Form, have completed the claimed number of hours and required coursework as reported herein and evidence of such completion is maintained in the official records of the employing agency and is subject to verification by the South Carolina Criminal Justice Academy or its designated representative.

I further certify and hereby make an official statement, that the officer(s) identified on SECTION III of the SCCJA Instructor Accreditation Maintenance Report Form, are in compliance with the Instructor Re-Accreditation Policy of the South Carolina Criminal Justice Academy, and evidence of such completion is maintained in the official records of the employing agency and is subject to verification by the South Carolina Criminal Justice Academy or its designated representative.

\_\_\_\_\_  
SIGNATURE OF EMPLOYING AGENCY REPRESENTATIVE

\_\_\_\_\_  
DATE

Sworn & Subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC FOR SOUTH CAROLINA

Revised 05/02/2016

### **Standards/Testing**

Departmental Lesson Plan Format -- WORD Document that can be sent via email

Departmental LP Cover Sheet and Approval Form -- WORD Document that can be sent via email

Institutional Provider Application for Course Approval -- WORD Document that can be sent via email

Accommodations Request for Applicants with Disabilities – PDF that can be sent via email

Application for Special Test Accommodations – PDF that can be sent via email

**DEPARTMENTAL TRAINING OUTLINE  
COVER SHEET**

**CLASS TITLE:**

**LESSON PLAN #:**

**STATUS (New/Revised):**

**TRAINING DEPARTMENT:**

**TIME ALLOCATION:**

**PRIMARY INSTRUCTOR:**

**ALT. INSTRUCTOR:**

**LESSON PREPARED BY:**

**DATE LESSON PLAN PREPARED:**

**LESSON PLAN PURPOSE:**

**EVALUATION PROCEDURES:**

**TRAINING AIDS, SUPPLIES, EQUIPMENT, SPECIAL CLASSROOM/INSTRUCTIONAL REQUIREMENTS:**

## TRAINING PERFORMANCE OBJECTIVES

**CLASS TITLE:**

**LESSON PLAN #:**

**STATUS (New/Revised):**

--	--	--

**TRAINING DEPARTMENT:**

**INSTRUCTOR:**

--	--

**PERFORMANCE OBJECTIVES:**

1.
----

**TRAINING OFFICER  
INSTRUCTIONAL OUTLINE**

**CLASS TITLE:**

**LESSON PLAN #:**

**STATUS (New/Revised):**

--	--	--

**TRAINING DEPARTMENT:**

**INSTRUCTOR:**

--	--

**INSTRUCTIONAL CONTENT  
BIBLIOGRAPHY**

<b>CLASS TITLE:</b>	<b>LESSON PLAN #:</b>	<b>STATUS (New/Revised):</b>

<b>TRAINING DEPARTMENT:</b>	<b>INSTRUCTOR:</b>

--

## LESSON PLAN CHECKLIST

**Class Title:**

**Instructor(s):**

**Proposed Implementation Date:**

**Please check off the following as you complete them, if applicable, to ensure your lesson plan is ready for submission:**

- ☐ Cover sheet.
- ☐ Performance Objectives.
- ☐ Lesson plan narrative in proper three-step format.
- ☐ Bibliography sheet reflecting research sources.
- ☐ Paper copies of all handouts, PowerPoint presentations, and overhead transparencies.
- ☐ Copies of manuals (if applicable).
- ☐ Test Question Submittal/Change/Deletion forms:
  - ☐ Correct answers indicated.
  - ☐ Indication of performance objective it supports (there must be at least one test question for each performance objective).
  - ☐ Pre-test and post-test for all accredited instructional areas.
- ☐ Copy of all practical problem scenarios (if applicable).
- ☐ Safety rules/regulations (Ranges, PR-24, etc.).
- ☐ A class schedule identifying instructor name, title of Unit lesson plans, and instructor contact hours.
- ☐ All new, unapproved lesson plans submitted together.
- ☐ Checklist attached to front of lesson plan/package.

\_\_\_\_\_  
Signature of Primary Instructor



South Carolina Criminal Justice Academy  
Standards Unit  
Phone 803-896-7801 | Fax 803-896-8746

Departmental Lesson Plan Cover Sheet/Review And Approval Notification  
Please Print in Black Ink or Type

Department/Agency Name: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
Contact's E-Mail Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
CJA Lesson Plan Number: \_\_\_\_\_ Lesson Plan Hours: \_\_\_\_\_  
Lesson Plan Title: \_\_\_\_\_

1. Instructor

Instructor's signature \_\_\_\_\_  
Instructor's Name (Printed): \_\_\_\_\_ Academy ID#: \_\_\_\_\_  
Must be a current CJA accredited Basic Instructor or Specific Skills Instructor. If this is a specialized area (DT, Firearms, OC, Driving, PPCT, etc.) the instructor must hold a current CJA accreditation for the specialized area.

2. Author

Author's Signature: \_\_\_\_\_  
Author's Name (Printed): \_\_\_\_\_ Academy ID#: \_\_\_\_\_  
Must be a current CJA accredited Basic Instructor. If this is a specialized area (DT, Firearms, OC, Driving, PPCT, etc.) the author must hold a current CJA accreditation for the specialized area.

3. Chief/Sheriff/Agency Head

Chief/Sheriff/Agency Head Signature: \_\_\_\_\_  
Chief/Sheriff/Agency Head (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

4. Legal Sufficiency

You have the option to let your Legal Representative OR your Chief/Sheriff/Agency Head sign. Please sign 4A OR 4B.

4A. Department Legal Representative – By signing above you are indicating that the training content meets legal sufficiency requirements. (Definition of Legal Sufficiency: To satisfy requirement that a lesson plan "meets legal sufficiency requirements," an attorney licensed to practice law in South Carolina must certify that all legal references contained within lesson plan (including but not limited to text, student handout materials, and visual aids) are accurate based on current law. At a minimum, certifying attorney shall ensure that all statutory references and citations are accurate and reflect most current version as enacted by respective legislative body; all case law references and citations reflect latest opinion (published or unpublished); and all departmental policy references are accurate and all said policy references comport with applicable state and federal laws. Finally, certifying attorney shall ensure that any discussion of state law, federal law, or departmental policy accurately comports with respective state law, federal law, or departmental policy whether said discussion appears in text, student handout materials, visual aids, or any other material associated with lesson plan)

Legal Representative's Signature: \_\_\_\_\_  
Legal Representative's Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

4B. Chief/Sheriff/Agency Head - By signing you are indicating that the training content meets legal sufficiency requirements, as defined above. You understand that it is recommended that you have a Legal Representative review and sign this lesson plan. However, you have chosen not to employ a Legal Representative. As such, you are assuming personal liability for the contents of the lesson plan. \_\_\_\_\_ (initial). You understand that the SC Criminal Justice Academy (Academy) has not and will not render an opinion as to the legal sufficiency of this lesson plan. Furthermore, you agree to personally reimburse any legal costs the Academy may incur as a result of any legal action for this lesson plan, because of your decision not to employ a Legal Representative to review this lesson plan.

Chief/Sheriff/Agency Head Signature: \_\_\_\_\_  
Chief/Sheriff/Agency Head (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Approved: ☐

Lesson plans are approved for CLEE credit only and are valid for 2 years from date of approval. Academy approval of lesson plan does not constitute endorsement of training, does not grant instructor status, nor does Academy accept responsibility for content.

Denied: ☐

CJA Standards Program

Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: The actual lesson plan, PowerPoint presentation, handouts, etc. must be maintained in your files along with this approval letter. The lesson plan should be in the format taught by the Academy in the Basic Instructor Program.

Rev. 01/2016

CJA Lesson Plan Number: \_\_\_\_\_ Lesson Plan Hours: \_\_\_\_\_  
Lesson Plan Title: \_\_\_\_\_

**Brief Course Description and Purpose of Training:**

**Performance Objectives (Please continue on separate sheet if necessary):**



South Carolina Criminal Justice Academy  
Standards Unit  
5400 Broad River Road  
Columbia, SC 29212  
(803) 896-7801  
(803) 896-8746 (fax)

Application for Institutional Provider and Course Approval

Institutional Provider/

Agency Name:

Representative:

Title/Position:

Mailing Address:

City/State/Zip:

E-Mail Address:

Telephone Number:

Institutional Provider #:

Fax Number:

Date Submitted:

Title of Training:

CJA Lesson Plan #

# of Contact Hours:

- Attach:
1. Topical Outline including Performance Objectives
  2. Course Schedule of Contact Hours showing hourly break down of instruction (course registration, lunch, breaks, and business meetings are not considered as instructional contact);
  3. Name and professional/educational background of all instructional personnel. (A marketing brochure is acceptable if it provides information as described in items 1, 2, and 3.)

Indicate the type of agency/institution you represent.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Federal Law Enforcement                      | <input type="checkbox"/> State Law Enforcement                          | <input type="checkbox"/> National Law Enforcement       |
| <input type="checkbox"/> County Law Enforcement                       | <input type="checkbox"/> State Law Enforcement Assoc                    | <input type="checkbox"/> National Law Enforcement Assoc |
| <input type="checkbox"/> Judicial                                     | <input type="checkbox"/> University                                     | <input type="checkbox"/> Technical College              |
| <input type="checkbox"/> Consultancy/Contractual (See **) (Fee Based) | <input type="checkbox"/> Private Training Provider (See **) (Fee Based) | <input type="checkbox"/> Other: Specify (See **)        |

\*\* If you provide training on a contractual fee basis, attach two letters of recommendation from previous clients who have benefited from your training within the last 12 months. Submission mandatory for initial approval consideration. If you are already approved and have your Institutional Provider # you do not have to resubmit these letters.

List the states that have approved your training for law enforcement personnel:

State	Name Of Course	Date Approved	State/Regulatory Agency Granting Approval

INSTITUTIONAL ASSURANCE STATEMENT

The undersigned authorized representative hereby warrants to and assures the South Carolina Criminal Justice Academy in consideration of the granting of Continuing Law Enforcement Education (CLEE) credits, that they will comply with the following conditions:

1. The Institutional Provider will maintain the lesson plan, to include performance objectives and testing materials, that meets current accepted professional/occupational standards that have been determined by Institutional Provider to be legally and content defensible.
2. The Institutional Provider will keep on file biographical and professional information for all instructors who provide instruction in this course and warrants that said instructors are professionally and educationally qualified to provide instruction in said course.
3. The Institutional Provider must maintain all training documentation along with this approval notice for 2 years from date of approval.

Signature

Date

Academy Use Only

Approved by:

CJA Standards Program Coordinator

Date Approved:

Rev: 3/2014



**South Carolina Criminal Justice Academy  
Instructional Standards & Support Section  
Academic Testing  
5400 Broad River Road  
Columbia, SC 29212  
803-896-7956  
803-896-8746 (fax)**

**Application for Written Test Accommodations**  
**Please print legibly (black or blue ink only) or type.**

**PART I**

This completed form and required documentation must be mailed to the address as listed above. Requests must be supported by documentation certifying the disability from a qualified professional appropriate for evaluating the disability. Review of a request for test accommodations will be deferred until the necessary documentation is submitted. Attach additional pages as necessary.

Accommodations are requested for the following class: \_\_\_\_\_

Date Class Begins: \_\_\_\_\_

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

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

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

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ Zip

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

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

**Nature of Disability**

☐ Chronic Health Problem

☐ Temporary Accidental Injury

☐ Hearing Disability

☐ Visual Disability

☐ Learning Disability

☐ Physical Disability

To document your need for accommodation as completely as possible, please attach, in addition to professional documentation, a personal statement describing in detail your disability and its impact on your ability to meet all the Academy's written test requirements.

How long ago was your disability first professionally diagnosed? The most recent documentation concerning your disability must be included with this request.

☐ less than 1 year

☐ 1-2 years

☐ 2-4 years

☐ 5 or more years

Have you ever been diagnosed with a disability, but did not require an accommodation? ☐ Yes ☐ No

If so, what disability? \_\_\_\_\_

What accommodation(s) are you requesting? Please explain how each accommodation request will assist you in alleviating your disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you require wheelchair access at the examination facility? ☐ Yes ☐ No

Have you ever received a classroom or test accommodation(s) in the past?

Secondary or elementary school ☐ Yes ☐ No Year(s): \_\_\_\_\_

If yes, accommodation(s) received:

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College ☐ Yes ☐ No Year(s): \_\_\_\_\_

If yes, accommodation(s) received:

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---

---

Post Graduate ☐ Yes ☐ No Year(s): \_\_\_\_\_

If yes, accommodation(s) received:

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---

---

Prior attendance at South Carolina Criminal Justice Academy: ☐ Yes ☐ No Year(s): \_\_\_\_\_

If yes, accommodation(s) received:

---

---

---

### Certification and Authorization

I certify that the above information is true and accurate. If the test accommodations granted to me include a deviation from the standard testing time scheduled, I agree that from the time I begin the examination until I have completed it I will not communicate in any way with any other individuals taking the examination, nor will I communicate in any way with any of these individuals about the content of the examination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand the South Carolina Criminal Justice Academy will use the information obtained by this authorization to determine eligibility for a reasonable accommodation with regard to examination procedures. If clarification and/or further information regarding my disability or requested accommodation is needed, I authorize the South Carolina Criminal Justice Academy to contact the professional(s) who diagnosed the disability and I authorize those entities to communicate with the South Carolina Criminal Justice Academy for the purpose of providing such clarification and/or further information. I understand that false information contained in this application may be cause for loss of a certification or denial of possible certification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PART II

Please print legibly (black or blue ink) or type.

Requests shall be supported by documentation certifying the disability from a qualified professional appropriate for evaluating the disability.

Practitioner's Name:

Last

First

Middle

Office Address:

Address

City

Zip

Office Phone Number:

Office Fax Number:

Type of Practice

Patient's Full Name:

Last

First

Middle

Date Patient First Consulted:

mm/dd/yyyy

Date Patient Last Seen:

mm/dd/yyyy

Diagnosis of Disability:

Name of Test(s) Used:

Length of Time with Condition:

Recommended Accommodation for Written Testing:

Please note:

I hereby certify that the above information is true and is given pursuant to the authorization to release information by my patient. Under penalties of perjury, I declare that the foregoing statements and those in any accompanying documents or statements are mine and that they are true. I hereby certify that I personally examined and evaluated the patient whose name appears on this form and, as a result of that evaluation, that I have completed this portion of this application and that I may be asked to verify the above information at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner's License Number: \_\_\_\_\_

Submit this form to the following address:

**South Carolina Criminal Justice Academy  
Instructional Standards & Support Section  
Attention: Manager, Academic Testing Unit  
5400 Broad River Road  
Columbia, SC 29212**



**Advanced Training**

Field Training Officer Course Request Form – Electronic Form

## Field Training Officer Course Request Form

Please fill in the form below.

Host of Training \*

Agency Name

Location of Class \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Course Dates (If more than 1 class, please fill out a separate form for each class) \*

mm/dd/yyyy-mm/dd/yyyy

Mailing Address for tests \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Number of Tests Requested: \*

Primary Instructor's Name \*

First Name

Last Name

Primary Instructor's Academy ID #

Primary Instructor's E-mail \*

ex: myname@example.com

Primary Instructor's Phone Number \*

(Area Code) Phone number

Secondary Instructor's Name

First Name

Last Name

Secondary Instructor's Academy ID #

Secondary Instructor's E-mail

Field Training Officer Course Request Form

Secondary Instructor's Phone Number

(Area Code) Phone Number

Additional Instructor's Academy ID #

Additional Instructor's E-mail

Additional Instructor's Phone Number

(Area Code) Phone Number

### **Traffic Safety**

SMD Course Request Form – Electronic Form  
SMD Road Proficiency Test Form – PDF that can be sent via email  
SMD Instructor Road Proficiency Submittal Form – Electronic Form  
SMD Instructor Recertification – Electronic Form  
SFST Course Request Form – Electronic Form  
SFST Proficiency Form – Electronic Form  
SFST Instructor Recertification Form – Electronic Form

# SMD Course Request Form

Today's Date \*

03	22	2017
Month	Day	Year

Course Date(s) \*

Type of Course \*

Number of Tests Requested \*

Course Location \*

Classroom Physical Location

Street Address

--	--

City

State / Province

	United States
--	---------------

Postal / Zip Code Country

Primary Instructor's Information \*

--	--

First Name

Last Name

Primary Instructor's Email Address \*

Primary Instructor's Phone Number \*

	-	
--	---	--

Area Code Phone Number

Address \*

Department

Street Address

--	--

City

State / Province

	United States
--	---------------

Postal / Zip Code Country

Assistant Instructor's Name \*

--	--

First Name

Last Name

Assistant Instructor's Email Address \*

ex: myname@example.com

Assistant Instructor's Phone Number \*

-   
Area Code Phone Number



# South Carolina Criminal Justice Academy

Traffic Safety Unit

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## Speed Measuring Device Road Proficiency Field Testing Forms Revised 11/2013

**Course Type/Location:** \_\_\_\_\_  
**Course Date(s):** \_\_\_\_\_  
**Student Name/Department:** \_\_\_\_\_





# SC Criminal Justice Academy

## Traffic Safety Unit

### Police Traffic Speed-Measuring Device Operator Road Proficiency Testing Booklet

#### Instructions:

The Speed-Measuring Device Instructor should administer the road proficiency portion of the Basic Police Traffic Speed-Measurement Operator course to the Speed-Measurement operator trainee/student within the prescribed two (2) to six (6) weeks from the conclusion date of the classroom portion of the course as set forth in the CJA Policy and Procedures (General Training Requirements). The instructor should evaluate the Speed Measuring Device being used for operational condition. In the event the instrument fails either internal or external tests or has missing parts, the condition should be noted and no road test performed with that instrument.

On page two (2) there is a demonstrated process for calculating the average error rating for the student's visual speed estimates. On page three (3) there is an evaluation section for the standard front antenna RADAR devices. If this is the case, the instructor will only need to complete this section. For the RADAR instruments designed with Same/Opposite Direction, Digital Signal Processing, Time/Distance, or Dual Antenna capabilities, the instructor should complete the appropriate sections. In the event the student advises the instructor that these available functions will not be applied for enforcement purposes, the instructor can omit those applications, but must note clearly in the instructor comments area this fact. **At a minimum, the student must show proficiency on a front antenna Radar in both stationary and moving modes to be considered satisfactorily proficient in Radar Operation.** Lidar proficiency testing is included on page 10 of this form, and must be completed for any Lidar Operator/Recertification or any SMD Operator course.

If the student fails to demonstrate Acceptable levels of performance with the visual speed estimates, the instructor should document the deficiencies in the comments section and reschedule the student for further practice and testing (original certifications only). Upon completion of the road proficiency testing, the data from this form should be submitted to Chris Kendall at the SC Criminal Justice Academy Traffic Safety Unit. This must occur by the conclusion of the sixth week of the course. Any proficiency forms received after the sixth week will be considered failures. Make sure the course type/location and dates are clearly written on the cover sheet. **SMD RECERTIFICATION PROFICIENCIES ARE DUE WITHIN TWO WEEKS OF THE COURSE TEST DATE, AND THERE ARE NO RETESTS FOR RECERTIFICATION FAILURES.**



**SCCJA Speed-Measuring Device Road Proficiency Test Form**

Course type/location: \_\_\_\_\_ Course Dates: \_\_\_\_\_  
Student Name: \_\_\_\_\_ ACADIS#/Academy ID#: \_\_\_\_\_  
Student Agency: \_\_\_\_\_ County: \_\_\_\_\_  
Test Date: \_\_\_\_\_ Test Location: \_\_\_\_\_  
Traffic Volume: \_\_\_\_\_ Years of Radar/Lidar Experience: \_\_\_\_\_

**Radar/Lidar Type (Circle One or more):**

**Applied Concepts, Inc.**

Stalker (Sta. Ka)  
Stalker (Mov Ka)  
Stalker (Dual Ka)  
Stalker (Dual SL)  
Stalker (DSR)  
Stalker (ATR)  
Stalker (Basic)  
Stalker XLR (Lidar)

**Decatur Electronics**

Genesis I (X)  
Genesis I (K)  
Genesis GHD (K)  
Genesis II (Ka)  
Genesis – VP/Directional  
Scout

**Kustom Signals, Inc.**

Eagle I/II (K)  
Eagle I/II (Ka)  
Golden Eagle (K)  
Golden Eagle II (Ka/K)  
Falcon (K)  
Raptor RP-1 (Ka)  
Talon II (Ka)  
HR-12 (K)  
Pro-1000DS (K)  
ProLaser III (Lidar)  
ProLaser 4 (Lidar)  
Pro-Lite + (Lidar)

**MPH Industries**

BEE III (K/Ka)  
Bee 36A (X, K, Ka)  
Bee-36 (Ka)  
K-55 (X, K)  
K-55 (X)  
Python I (X, K, Ka)  
Python II (X, K, Ka)  
Ranger EZ<sup>3</sup> (K)  
Speedgun (K)  
Enforcer (Ka)  
Z-25, Z-35 (K)  
Python Series II (X, K, Ka)  
Python Series III (X,K,Ka)

**Laser Technologies, inc**

LTi 20/20 TruCAM (Lidar)  
TruSpeed LR (Lidar)  
Ultralyte 100/200 (Lidar)  
Ultralyte LR B (Lidar)

**Laser Atlanta, LLC**

SpeedLaser (B/R/S/T)

Other RADAR Type: \_\_\_\_\_

RADAR Model Serial Number: \_\_\_\_\_

RADAR Condition: \_\_\_\_\_



**SCCJA Speed-Measuring Device Road Proficiency Test Form**

**Proper RADAR Set-Up; ABC's (Check One):**

	<u>Acceptable</u>	<u>Unacceptable</u>
<b>Antenna(s):</b>		
<b>Box:</b>		
<b>Current:</b>		

**Proper RADAR Testing Procedure (Check One):**

	<u>Acceptable</u>	<u>Unacceptable</u>
<b>Internal test:</b>		
<b>Tuning Fork(s):</b>		
<b>Moving:</b>		
<b>Stationary:</b>		

**Road Proficiency Visual Estimate Test Scoring:**

<u>Stationary</u>				<u>Moving</u>			
<b>Target Vehicle</b>	<b>Estimate</b>	<b>Actual</b>	<b>Error MPH</b>	<b>Target Vehicle</b>	<b>Estimate</b>	<b>Actual</b>	<b>Error MPH</b>
1	40	45	5	1	45	45	-
2	45	45	-	2	42	45	3
3	43	45	2	3	50	45	5
4	42	45	3	4	46	45	1
5	45	45	-	5	47	45	2
6	42	45	3	6	45	45	-
7	44	45	1	7	45	45	-
8	45	45	-	8	41	45	4
9	40	45	5	9	45	45	-
10	45	45	-	10	45	45	-

**Average Error MPH Stationary:** 1.9

**Average Error MPH Moving:** 1.5

**Average Error MPH Overall:** 1.7

Simply add the error totals for each side then divide by ten. This is done for each mode separately. Then add both stationary and moving error totals and divide by 2. The student must not exceed  $\pm 3.0$  MPH average in EACH TESTED MODE (e.g. stationary-front, moving-front, moving-front-fastest, etc.) or it is considered unsatisfactory.



*SCCJA Speed-Measuring Device Road Proficiency Test Form*

**Visual Estimate Tests**

**Front Antenna Only:**

<b><u>Stationary</u></b>				<b><u>Moving</u></b>			
<b>Target Vehicle</b>	<b>Estimate</b>	<b>Actual</b>	<b>Error MPH</b>	<b>Target Vehicle</b>	<b>Estimate</b>	<b>Actual</b>	<b>Error MPH</b>
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			

**Average Error MPH Stationary:** \_\_\_\_\_

**Average Error MPH Moving:** \_\_\_\_\_

**Average Error MPH Overall (add above two lines together and divide by 2):** \_\_\_\_\_

**Instructor Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



*SCCJA Speed-Measuring Device Road Proficiency Test Form*

**Visual Estimate Tests**

**Rear Antenna Only:**

<b>Stationary</b>				<b>Moving</b>			
<b>Target Vehicle</b>	<b>Estimate</b>	<b>Actual</b>	<b>Error MPH</b>	<b>Target Vehicle</b>	<b>Estimate</b>	<b>Actual</b>	<b>Error MPH</b>
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			

**Average Error MPH Stationary:** \_\_\_\_\_

**Average Error MPH Moving:** \_\_\_\_\_

**Average Error MPH Overall (add above two lines together and divide by 2):** \_\_\_\_\_

**Instructor Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**SCCJA Speed-Measuring Device Road Proficiency Test Form**

**Dual Antenna/Same Direction/Digital Signal/Time-Distance  
RADAR Instrument Familiarity**

This section is provided for the purpose of testing the student who proposes to operate a RADAR instrument that has one or more of the above listed functions:

**Box (Counter) Functions:**

**Acceptable**

**Unacceptable**

<b>Stopwatch/Range Select Switch</b> (Explain proper use of the stopwatch):		
<b>Distance Switch</b> (Explain use of the thumb wheels in the stop watch mode):		
<b>Slower Indicator</b> (Explain when to utilize "slower mode"):		
<b>Antenna Direction Indicators</b> (Explain Function)		
<b>Display Target Speed</b> (Explain D.T.S. only/display time in seconds):		

**Remote Control Functions:**

<b>Front/Rear Switch</b> (Explain the use of the rocker switch):		
<b>Faster/Slower Button</b> (Explain the use of the button):		
<b>Target Verification Window</b> (Explain the target verification speeding up and/or slowing down):		
<b>Lock-Release / Start-Stop</b> (Explain function):		

**Instructor Comments:**

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**SCCJA Speed-Measuring Device Road Proficiency Test Form**

**Rear Antenna (Same Direction)**

**Moving**

Target Vehicle	Estimate	Actual	Error MPH
1			
2			
3			
4			
5			

*Add these together and divide by 5.*

**Front Antenna (Same Direction)**

**Moving**

Target Vehicle	Estimate	Actual	Error MPH
1			
2			
3			
4			
5			

*Add these together and divide by 5.*

Average Error MPH Front Antenna: \_\_\_\_\_

Average Error MPH Rear Antenna: \_\_\_\_\_

Average Error MPH Overall (add above two lines and divide by 2): \_\_\_\_\_

**Instructor comments:**

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**SCCJA Speed-Measuring Device Road Proficiency Test Form**

**Average Speed Calculations for the Stopwatch Function:**

**Stopwatch Set-up (check one)**

	<u>Acceptable</u>	<u>Unacceptable</u>
Stopwatch Test:		
Enter proper distance:		
Familiarity with Time/Distance Principles:		

**Calculations:**

Target Vehicle	Distance	Time	Estimate	Actual Speed	Error MPH
1					
2					
3					
4					
5					

*Add these together and divide by 5.*

**Average Error:** \_\_\_\_\_

**Instructor Comments:**

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**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**SCCJA Speed-Measuring Device Road Proficiency Test Form**

**DSP – Fastest Mode Front Antenna**

**Stationary**

Target Vehicle	Estimate	Actual	Error MPH
1			
2			
3			
4			
5			

**Moving**

Target Vehicle	Estimate	Actual	Error MPH
1			
2			
3			
4			
5			

**DSP – Fastest Mode Rear Antenna**

**Stationary**

Target Vehicle	Estimate	Actual	Error MPH
1			
2			
3			
4			
5			

**Moving**

Target Vehicle	Estimate	Actual	Error MPH
1			
2			
3			
4			
5			

**Average Error MPH Stationary (F&R, divide by 10):** \_\_\_\_\_

**Average Error MPH Moving (F&R divide by 10):** \_\_\_\_\_

**Average Error MPH Overall (Add the above two lines, divide by 2):** \_\_\_\_\_

*(Note: If only using front antenna, divide stationary by 5 and moving by 5)*

**Instructor Comments:**

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**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**SCCJA Speed-Measuring Device Road Proficiency Test Form**

**Lidar Field Proficiency Testing**

	<b><u>Pass</u></b>	<b><u>Fail</u></b>	<b><u>Re-test</u></b>
<b>Site Selection:</b>			
<b>Officer Safety:</b>			
<b>Operation Safety:</b>			
<b>Conducts Internal Accuracy checks:</b>			
<b>Demonstrates Proper Sight Alignment:</b>			
<b>Demonstrates Valid Range Accuracy:</b>			
<b>Articulates Tracking History of Target Vehicle:</b>			

**Lidar Visual Estimates**

<b>Target Vehicle</b>	<b>Visual Estimate</b>	<b>Actual Speed</b>	<b>Error +/-</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			
<b>9</b>			
<b>10</b>			

**Instructor Comments:** \_\_\_\_\_ **Average Error:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** Student(s) failing to meet field proficiency testing standards (ORIGINAL CERTIFICATIONS ONLY) should be rescheduled for further practice sessions. If, after a third failed attempt at meeting standard, the student should be recycled through the classroom portion of the Speed-Measuring Device Operator Training course. The Academy Program Director should be notified of student recycles. SMD RECERTIFICATIONS ARE GIVEN ONLY ONE ATTEMPT AT PASSING THE PROFICIENCY WITH NO RETESTS.

SCCJA Traffic Safety Unit - Speed Measurement Device Program (Rev. 11/2013)

# Speed Measuring Device Proficiency Submittal Form

Please fill the name field exactly how it is in Acadis. Nicknames or any other form will not be accepted.

Student's Name \*

First Name	Last Name	Suffix

Student's Academy ID \*

Student's Department \*

Student's E-mail \*

Student's Phone Number

Course Title \*

Classroom Course Location \*

Course Date(s) \*

Road Proficiency Date \*

Month	Day	Year	

## Radar Module

NOTE: Enter "N/A" if a field does not apply.

Radar Functionality \*

- ☐ Student properly demonstrated Internal Testing
- ☐ Student properly demonstrated Tuning Fork tests
- ☐ Student adequately explained and demonstrated use of applicable Remote Control Functions (e.g., Hold, Front/Rear Antenna Switch, Faster/Slower Button, etc.)
- ☐ Student adequately explained and demonstrated knowledge of Radar Instrument Indicators/modes
- ☐ Student satisfactorily explains tracking history as it pertains to Radar Operation.
- ☐ None Applicable (use for LIDAR ONLY proficiencies).

**Front Antenna \***

Stationary (Average Error)

\*

Moving (Average Error)

\*

Overall Average Error

**Rear Antenna \***

Stationary (Average Error)

\*

Moving (Average Error)

\*

Overall Average Error

**Same Direction \***

Front (Average Error)

\*

Rear (Average Error)

\*

Overall Average Error

**Fastest Mode – Front/Rear \***

Stationary (Average Error)

\*

Moving (Average Error)

\*

Overall Average Error

## Stopwatch Mode/ASC Mode

Enter "N/A" if field does not apply.

**Overall Average Error \*****Course distance (in feet) \*****Stopwatch/ASC Functionality \***

- ☐ Familiar with time/distance principles and speed calculations.
- ☐ Familiar with stopwatch mode settings and remote operations.
- ☐ Stopwatch accuracy testing explained/demonstrated.
- ☐ None Applicable

## Lidar Module

Enter "N/A" if field does not apply.

Overall Average Error \*

Lidar Functionality \*

- ☐ Student satisfactorily explains Lidar site selection and operational considerations.
- ☐ Student satisfactorily demonstrates Lidar setup and testing procedures (e.g., sight alignment).
- ☐ Student satisfactorily explains tracking history as it pertains to Lidar Operation.
- ☐ None Applicable (used for RADAR ONLY proficiencies).

## SMD Instructor Information

SMD Instructor \*

First Name

Last Name

Instructor's Department \*

Instructor's E-mail \*

ex: myname@example.com

Instructor's Phone Number \*

Submitter's Information (if  
different from SMD Instructor)

First Name

Last Name

Submitter's Department

Submitter's E-mail

ex: myname@example.com

# SMD Instructor Recertification Form

South Carolina Criminal Justice Academy

Please fill the name field exactly how it is in Acadis. Nicknames or any other form will not be accepted.

Instructor's Name \*

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name

Academy ID Number \*

Agency Name \*

E-Mail Address \*

Phone Number \*

<input type="text"/>	-	<input type="text"/>
Area Code		Phone Number

"In order for a Speed Measuring Device Instructor to maintain Instructor Certification, he/she must teach at least three (3) SMD-related courses/recertification courses during the three (3) year certification period. An Instructor who maintains his/her Speed Measuring Device Instructor certification will automatically be recertified as a Speed Measuring Device Operator." - *SCCJA SMD Policy*

Please provide the requested information about your SMD Instructor activities. *Please note:* If you have assisted with an SMD Instructor Class (SCCJA) by conducting proficiencies during that class, you may count that class as one of your instruction periods. This does not apply to any other proficiencies you have conducted in the field.

If you do not meet the recertification teaching requirements, you must attend one of the two available SMD Instructor Recertification courses at the SCCJA.

Type of Instruction #1 \*

Date(s) & Course Location \*

**Type of Instruction #2 \*****Date(s) & Course Location \*****Type of Instruction #3 \*****Date(s) & Course Location \***

The claimed courses taught may be researched and scrutinized for program integrity and quality control. Your submission of this form indicates that all of the information contained herein is accurate and true under penalty of decertification. Please understand that your new certificate and the update to your ACADIS training record may not appear until after January 1, 2016.

# South Carolina Criminal Justice Academy

## Traffic Safety Unit

### DUI Detection and Standardized Field Sobriety Testing Course Request Form

**ATTENTION: All Requests Must Be Received A Minimum of 14 Business Days Before Start of Class!**

When you have completed this form submit to SCCJA Traffic Safety Unit. You will receive a confirmation e-mail within 48 hours advising that the traffic safety unit has received the form.

**Hosting Agency:**

**Address of Hosting Agency:**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

United States ▼

Country

**Name of place where training will be conducted :**

Address of place  
where training will  
be conducted:

Street Address

Street Address Line 2

City

State / Province

United States ▼

Postal / Zip Code

Country

Lead Instructor's  
Name:

Lead Instructor's  
Agency:

Address where  
testing materials can  
be sent:

Street Address

Street Address Line 2

City

State / Province

United States ▼

Postal / Zip Code

Country

Lead Instructor's  
Phone Number

Area Code

Phone Number

Lead Instructor's E-  
mail Address:

ex: myname@example.com

Date Course Starts:


Month

Day

Year



Date Course Ends:

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Month	Day	Year	

Time of Class:

<input type="text"/>	:	<input type="text"/>	AM <input type="text"/>
Hour		Minutes	

Course Hours

ex: 23

Number of Total Students:

ex: 23

Number of spots held for hosting agency:

ex: 23

The South Carolina Criminal Justice Academy Traffic Safety Unit is now utilizing Preliminary Breath Testing Devices (P.B.T.) for the Wet Lab/Drinking Lab portion of the Standardized Field Sobriety Testing course. These instruments will be loaned to the hosting agency for the dates of the course if needed.

Does the lead instructor need a P.B.T. provided from the SCCJA for the wet lab/drinking lab?

- ☐ Yes  
☐ No

Does the lead instructor need Manuals provided from the SCCJA?

- ☐ Yes  
☐ No

Note: If you are experiencing difficulty with the electronic submittal, you can save the form and send it via email to [TLBarber@sccja.sc.gov](mailto:TLBarber@sccja.sc.gov) or send it by mail to:

SCCJA Registration Unit

Attn: Taylor L. Barber

5400 Broad River Rd.

Columbia, SC 29212

# Heading

# Standardized Field Sobriety Test Proficiency

## Participant Examination

Please fill the name field exactly how it is in Acadis. Nicknames or any other form will not be accepted.

**Officers Name \***

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Initial	Last Name

**Agency Name \***

**Officer's Academy  
ID Number \***

## Horizontal Gaze Nystagmus

	Yes	No
Remove Glasses	<input type="checkbox"/>	<input type="checkbox"/>
Stimulus Held in Proper Position (12-15" from nose, just above eye level)	<input type="checkbox"/>	<input type="checkbox"/>
Check Pupil Size & Resting Nystagmus	<input type="checkbox"/>	<input type="checkbox"/>
Check Equal Tracking	<input type="checkbox"/>	<input type="checkbox"/>
Smooth movement from center of nose to maximum deviation in approximately 2 seconds and back across the subject's face to maximum deviation in the right eye, then back to center. Check the left, then right eye. (Repeat)	<input type="checkbox"/>	<input type="checkbox"/>
Eye held at maximum deviation for a minimum of 4 seconds (no white showing). Check left eye then right eye. (Repeat)	<input type="checkbox"/>	<input type="checkbox"/>
Eye moved slowly (approximately 4 seconds) from center to 45 degree angle. Check left eye then right eye. (Repeat)	<input type="checkbox"/>	<input type="checkbox"/>
Check for Vertical Gaze Nystagmus. (Repeat)	<input type="checkbox"/>	<input type="checkbox"/>

## Walk and Turn

	Yes	No
Instructions given from a safe position.	<input type="checkbox"/>	<input type="checkbox"/>
Tells subject to place feet on a line in heel-to-toe manner (left foot behind the right foot) with arms down at their and gives a demonstration.	<input type="checkbox"/>	<input type="checkbox"/>
Tells subject not to begin the test until instructed to do so and asks if the subject understands.	<input type="checkbox"/>	<input type="checkbox"/>
Tells the subject to take nine heel-to-toe steps on the line and demonstrates.	<input type="checkbox"/>	<input type="checkbox"/>
Explains and demonstrates turning procedure.	<input type="checkbox"/>	<input type="checkbox"/>
Tells the subject to return on the line taking nine heel-to-toe steps.	<input type="checkbox"/>	<input type="checkbox"/>
Tells the subject to count steps out loud.	<input type="checkbox"/>	<input type="checkbox"/>
Tells the subject to look at their feet while walking.	<input type="checkbox"/>	<input type="checkbox"/>
Tells the subject not to raise their arms from their sides.	<input type="checkbox"/>	<input type="checkbox"/>
Tells the subject not to stop once they begin.	<input type="checkbox"/>	<input type="checkbox"/>
Asks the subject if all of the instructions are understood.	<input type="checkbox"/>	<input type="checkbox"/>

## One-Leg Stand

	Yes	No
Instructions given from a safe position.	<input type="checkbox"/>	<input type="checkbox"/>
Tells the subject to stand straight, place their feet together, and hold arms at their sides.	<input type="checkbox"/>	<input type="checkbox"/>
Tells the subject not to begin the test until instructed to do so and asked if they understands.	<input type="checkbox"/>	<input type="checkbox"/>
Tells the subject to raise one leg, either leg, approximately 6" from the ground keeping the raised foot parallel to the ground, and give a demonstration.	<input type="checkbox"/>	<input type="checkbox"/>
Tells the subject to keep both legs straight and look at the elevated foot.	<input type="checkbox"/>	<input type="checkbox"/>
Tells the subject to count out loud in the following manner: one thousand one, one thousand two, one thousand three, until told to stop, and gives demonstration.	<input type="checkbox"/>	<input type="checkbox"/>
Checks the actual time the subject holds their leg up. (time for 30 seconds)	<input type="checkbox"/>	<input type="checkbox"/>

## Proficiency Requirements Completed \*

	Yes	No
Officer was able to recite all of the clues for Horizontal Gaze Nystagmus Test.(6)Clues	<input type="checkbox"/>	<input type="checkbox"/>
Officer was able to recite all of the clues for the Walk and Turn Test.(8)Clues	<input type="checkbox"/>	<input type="checkbox"/>
Officer was able to recite all of the clues for the One-Leg Stand Test.(4)Clues	<input type="checkbox"/>	<input type="checkbox"/>

**Date training was  
observed**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

**Instructor Information**

**Instructor's Name**

\*

**Instructor's  
Academy ID  
Number \***

**Instructor's  
Agency \***

**Instructor's Email  
Address \***

**Instructor's Phone  
Number \***

<input type="text"/>	-	<input type="text"/>
Area Code		Phone Number

# South Carolina Criminal Justice Academy

## DUI/SFST Instructor Recertification Form

Please fill the name field exactly how it is in Acadis. Nicknames or any other form will not be accepted.

Instructor's Name \*

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name

Academy ID Number \*

Agency Name \*

E-Mail Address

Phone Number

<input type="text"/>	-	<input type="text"/>
Area Code		Phone Number

### Necessary Requirements for Recertification

Name of Officer #1 \*

Date Proficiency  
Performed \*

Name of Officer #2 \*

Date Proficiency  
Performed \*

Please maintain all copies of Proficiencies that you sign off so they may be provided to the S.C. Criminal Justice Academy if requested. If you have instructed a DUI/SFST class and wish to use that for your recertification requirements please list that information above in place of the Officers Name. Any questions should be directed to Michael Brantley @ 803-896-7791 or [jmbrantley@sccja.sc.gov](mailto:jmbrantley@sccja.sc.gov)



### **Reserve Training**

Application for Approval as SC Reserve Department (must be completed annually) -- WORD Document that can be sent via email

Application for SC Reserve Officer Training Implementation (must be completed before each training program begins) -- WORD Document that can be sent via email

Reserve Attestation and Authorization to Release Form -- WORD Document that can be sent via email

Departmental Training Verification -- WORD Document that can be sent via email

Reserve Firearms, EVO and Local Ordinances/Policies Qualification and Training Verification Form -- WORD Document that can be sent via email

Reserve Officer Training Program PPCT Proficiency Form -- WORD Document that can be sent via email



South Carolina Criminal Justice Academy  
Instructional Standards and Support Section  
5400 Broad River Road  
Columbia, SC 29212  
803-896-7843  
803-896-8746 (fax)

Application for Approval as SC Reserve Department  
2016-2017

A new Application for Approval as SC Reserve Department form must be completed annually (by July 15). Fax completed form to CJA Instructional Standards and Support at 803-896-8746.

If you wish to conduct a South Carolina Reserve Officer Training Program, complete the Application for South Carolina Reserve Officer Training Implementation form and fax to 803-896-8746.

.....  
**PLEASE PRINT OR TYPE**

Date: \_\_\_\_\_ Department: \_\_\_\_\_  
Chief/Sheriff (full name): \_\_\_\_\_ Acadis ID: \_\_\_\_\_  
Reserve Liaison (include rank): \_\_\_\_\_ Acadis ID: \_\_\_\_\_  
Each department using reserve officers must have one full-time class 1 officer as coordinator-supervisor who must be responsible directly to the Chief/Sheriff.  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Chief/Sheriff's E-Mail: \_\_\_\_\_ Reserve Liaison's E-Mail: \_\_\_\_\_

Provide valid e-mail addresses for Chief/Sheriff/Agency Head and Reserve Liaison. All correspondence concerning the reserve program will be via e-mail.

# of Full Time Class 1 Officers: \_\_\_\_\_ # of Reserve Officers Currently Appointed: \_\_\_\_\_

A reserve officer is a non-paid volunteer who assists a law enforcement agency in enforcing the laws of South Carolina. Reserve officers cannot be paid for road hours or administrative duties. However, S.C. Code 23-28-20(B) states, in part: "The chief, with the approval of the governing body, also shall allow for the compensation of reserve police officers for work done pursuant to Section 23-24-10 [Extra Duty] when compensation for approved public activities would be paid by a party other than the municipality or county. Reserve officers must be paid for approved public activities the same as off-duty police officers. Work performed for compensation must be in excess of the minimum logged service time required by Section 23-29-70 [20 hrs monthly/60 hrs quarterly]..." (Emphasis Added) No other compensation is allowed for under South Carolina state law.

Every reserve officer must be in proximate contact, by radio or another device, with the full-time officer to whom he/she is assigned at all times. Reserve officers cannot supervise or direct activities of class 1 or class 3 law enforcement officers.

Your agency is responsible for maintaining time sheets and training records for all reserve officers. Reserve officers must maintain a logged service time of 20 hrs monthly/60 hrs quarterly. Training hours and commuting time to and from duty do not count toward logged service time. Any service performed by a reserve officer for which compensation is received (e.g., providing security at athletic events, parades, or similar events) must be in excess of the required 20 hrs monthly/60 hrs quarterly and cannot be counted toward the required logged service time.

In-service training shall be held periodically but not less than once a month. Consecutive absences of more than three sessions may be grounds for dismissal. Annual training must include Legal Update, DV Update, Firearms Qualification, and Agency Policy Updates. Training does not count toward the logged service time requirement.

A reserve officer who cannot meet the requirements for logged service time and monthly/annual training should be terminated until such time he/she is able to comply with the requirements. A PCS of Separation must be submitted to Certification. If a reserve officer is out over 1 year, he/she will require additional training to return. If out over 3 years he/she must complete entire reserve training program.

Reserve status is not covered by military leave. The Department should separate the reserve officer from reserve status, unless he/she is able to continue doing in-service and logged service time each month. A separation of over one year is considered a break in service.

Should any conflict regarding logged service time or training arise, the SC Criminal Justice Academy reserves the right to review all documents maintained by the department on reserve officers.

Signature of Police Chief/Sheriff/Agency Head (no designee allowed) \_\_\_\_\_

Date \_\_\_\_\_

Approved: ☐

A new Application for Approval as SC Reserve Department form must be completed every year in July and any time a change is made to information on the form (change in Chief/Sheriff/Agency Head, or Reserve Liaison; reserve officers added/removed - include PCS also).

Denied: ☐

CJA Standards Program Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Provide **full name** (no nickname) and Academy # for each Reserve officer currently working with your Department. The number of reserve officers cannot exceed the number of class 1 full-time officers of the department. This information will be compared with Academy records. Do not list reserve candidates who are currently attending training and have not passed the examination.

If a reserve officer has resigned or been terminated you must submit a PCS of Separation to the Certification Unit.

Reserve Officer's Full Name (Name on SS Card - no nicknames)		Academy ID #	Reserve Officer's Full Name (Name on SS Card - no nicknames)		Academy ID #
1.			51.		
2.			52.		
3.			53.		
4.			54.		
5.			55.		
6.			56.		
7.			57.		
8.			58.		
9.			59.		
10.			60.		
11.			61.		
12.			62.		
13.			63.		
14.			64.		
15.			65.		
16.			66.		
17.			67.		
18.			68.		
19.			69.		
20.			70.		
21.			71.		
22.			72.		
23.			73.		
24.			74.		
25.			75.		
26.			76.		
27.			77.		
28.			78.		
29.			79.		
30.			80.		
31.			81.		
32.			82.		
33.			83.		
34.			84.		
35.			85.		
36.			86.		
37.			87.		
38.			88.		
39.			89.		
40.			90.		
41.			91.		
42.			92.		
43.			93.		
44.			94.		
45.			95.		
46.			96.		
47.			97.		
48.			98.		
49.			99.		
50.			100.		

A new Application for Approval as SC Reserve Department form must be completed every year in July and any time a change is made to information on the form (change in Chief/Sheriff/Agency Head, or Reserve Liaison; adding/removing reserve officer - include PCS).



**South Carolina Criminal Justice Academy**  
**Instruction Standards and Testing**  
5400 Broad River Road  
Columbia, SC 29212  
803-896-7843  
Fax: 803-896-8746

**Application for South Carolina Reserve Officer Training Implementation**

A new Application for SC Reserve Officer Training Implementation form must be completed before each training program. A Reserve Candidate Attestation/Authorization to Release Form (Page 4) must be completed and submitted for every reserve candidate attending the training. The application and attestations can be faxed to the CJA Instructional Standards and Testing Unit at 803-896-8746.

Access to electronic copies of SC Reserve Officer Training Manual and videos will be issued via e-mail after the application has been approved.

If you have any questions, please contact the CJA Instruction Standards and Testing Unit at 803-896-7843.

.....  
**PLEASE PRINT OR TYPE**

Date: \_\_\_\_\_ Department: \_\_\_\_\_  
Chief/Sheriff/Agency Head: \_\_\_\_\_ Acadis ID #: \_\_\_\_\_  
Reserve Liaison (include rank): \_\_\_\_\_ Acadis ID #: \_\_\_\_\_

This individual must be a full-time class 1 law enforcement officer who is responsible directly to the Chief/Sheriff.

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Chief/Sheriff/Agency Head's E-mail Address: \_\_\_\_\_ Reserve Liaison's E-mail Address: \_\_\_\_\_

Provide valid e-mail addresses for Chief/Sheriff/Agency Head and Reserve Liaison. All correspondence concerning the reserve program will be via e-mail.

# of Full Time Class I Officers: \_\_\_\_\_  
# of Reserves Currently Appointed: \_\_\_\_\_  
# of Reserves Scheduled To Attend Training: \_\_\_\_\_  
Dates of Training: \_\_\_\_\_

You must indicate the beginning and ending dates for the training. You must notify the CJA Standards Unit if the dates change.

Agency Providing Training	Location of Training Activities	Reserve Coordinator	Telephone #
<input type="checkbox"/> L.E. Agency Submitting Application	Agency/Tech College Name		
<input type="checkbox"/> SC Technical College			
<input type="checkbox"/> Other Host L.E. Agency			

Section 23-28-70 (E) of the South Carolina Code of Laws states "Each department utilizing reserves shall have one full-time officer as coordinator-supervisor who must be responsible directly to the chief or sheriff."

Course topics on page 2 must be taught in all SC Reserve Officer Training Programs. Hours indicated on lesson plans for items 22 - 37 must be adhered to. Local Ordinances and Policies will remain at 10 hours and must be taught by a representative of the employing agency. **Students must be present for all training.**

All instructors for the SC Reserve Officer Training Program must be approved by CJA. Firearms will be taught by a current class 1 law enforcement officer who is a CJA accredited Firearms Instructor, and defensive tactics will be taught by current class 1 law enforcement officer who is a CJA accredited DT Instructor. Local Ordinances and Policies may be taught by a Chief, Sheriff or Agency Head who is not an accredited instructor. A current class 1 law enforcement officer who is a CJA accredited instructor (or an attorney for the Legals) must be present during the showing of the video portions of the training. **STUDY GUIDES ARE NOT ALLOWED.**

Topics 1 - 21 of the training are available electronically and a current class 1 law enforcement officer who is a CJA accredited instructor must be present during the viewing. All other topics must be taught by a current class 1 law enforcement officer CJA accredited instructor from the lesson plans provided. **Instructors cannot deviate from the lesson plans or hours.** The employing agency is responsible for teaching their *Local Ordinances and Policies* for a minimum of 10 hours.

Course		Hrs	Instructor and Department or Attorney (Video provided with Lesson Plans)	Acadis ID # or SC Bar #
1	Arrests	2.5		
2	Civil Liability	4		
3	Civil Process	1		
4	Confessions, Interrogation, Miranda Rule	3.75		
5	Courts, Crimes & Courtroom Procedures	2.5		
6	Ethics & Misconduct in Law Enforcement	2.5		
7	Evidence	3		
8	Exclusionary Rule	2.5		
9	First Amendment Issues	1		
10	Introduction to Criminal Law	3		
11	Investigative Detention	2.5		
12	Legally Defensible Use of Force	1.5		
13	Probable Cause	2.5		
14	Searches I	4		
15	Searches II	3.5		
16	Searches III	4		
17	Specific Crimes - Crimes Against Person	3		
18	Specific Crimes - Crimes Against Property	3.5		
19	Domestic Violence	13		
20	Harassment and Stalking	2		
21	Victimology	2		
			<b>Instructor and Department (Lesson Plans Provided For Instructor)</b>	<b>Acadis ID #</b>
22	Child Abuse	3.5		
23	Juvenile Procedures	3.75		
24	Sexual Assault	2.75		
25	Mental Illness	2.5		
26	Prejudice and Personality (Diversity)	3		
27	Officer Survival On and Off Duty	2		
28	Basic Patrol Operations	5		
29	Strategies of Arrest	2.5		
30	Vulnerable Adults	3.5		
31	SALTS (Safe & Legal Traffic Stops)	2		
32	PPCT Use of Force (DT Instructor)	6		
33	PPCT Tactical Handcuffing (DT Instructor)	8.5		
34	PPCT Weapon Retention (DT Instructor)	3.75		
35	Firearms (Firearms Instructor)	22.75		
36	Emergency Vehicle Operations (Driving Instructor)	2		
			<b>Instructor and Department (Agency's Local Ordinances and Policies)</b>	<b>Acadis ID #</b>
37	Local Ordinances/Policies (must be taught by employing agency)	10		

Courses listed above are required. Items 1-21 are taped. A current class 1 law enforcement officer who has either a Basic Instructor or Specific Skills Instructor certification must be present during the presentation. Items 22-31 must be taught by a current class 1 law enforcement officer who has either a Basic Instructor or Specific Skills Instructor certification. Items 32-34 must be taught by a current class 1 law enforcement officer who has a Defensive Tactics Instructor certification. Item 35 must be taught by a current class 1 law enforcement officer who has Firearms Instructor certification. Item 36 must be taught by a current class 1 law enforcement officer who has a Driving Instructor certification. Item 37 must be taught by a current class 1 law enforcement officer who has either a Basic Instructor or Specific Skills certification or a ranking current class 1 law enforcement officer of the hiring agency (Chief, Sheriff, Captain, Lt. or Sgt.) Students cannot miss any portion of the training.

**Note: Any change in instructors must be reported to the CJA Standards Unit immediately.**

Before a candidate may attend the SC Reserve Officer Training Program, the following must be on file with the employing department.

1. A Photostat copy of candidate's birth certificate.
2. High School diploma or GED certification.
3. Report of current medical exam, on CJA preplacement & medical history form, with physician attesting medically suitable for law enforcement employment.
4. Fingerprint card showing results of SLED and FBI identification fingerprint check. All charges must show a final disposition with NO felony conviction or disqualifying misdemeanor. The employing department must have conducted a background investigation, including a credit check, and the results must be satisfactory.
5. Candidate must hold a valid/current SC Driver's License with no record for the past five (5) years for suspension as a result of Driving Under the Influence of Alcoholic Beverages or Dangerous Drugs, Driving While Impaired, Reckless Homicide, Involuntary Manslaughter or Leaving the Scene of an Accident.
6. A recent photograph. (within 6 months)

#### Miscellaneous Information

If you are training candidates from other departments, the candidates' employing agencies must complete an Application for Approval as South Carolina Reserve Department and an Application for South Carolina Reserve Officer Training Implementation form (including attestation for each candidate) **before** the training begins. The **employing agency** must teach its own *Local Ordinances and Policies* for a minimum of 10 hours.

Any changes in the training program after an application has been approved must be submitted to the CJA Standards Unit immediately for reapproval. Failure to do so may result in the department's reserve status being withdrawn and/or appointments being delayed and/or denied. The Reserve Liaison will be the contact. Any change in the Reserve Liaison must be submitted to the CJA Standards Unit in writing.

Upon completion of the training program the department hosting the training must provide the completed documentation for each candidate (Departmental Training Verification, Qualification & Training Verification Form and DT form). An examination date cannot be set until the documentation is received and reviewed for accuracy. **Note: Students must be present for all training.**

The CJA Academic Testing Unit will prepare an examination consisting of 100 multiple choice test items for reserve officer testing. The current passing grade for appointment as a reserve officer is 70%. Reserve testing is scheduled on the first and third Wednesday of each month at the SC Criminal Justice Academy. Candidates **MUST** be scheduled in advance or they will not be allowed to take the test. Chiefs, Sheriffs, and Agency Heads will be notified of the candidates' scores in writing within 7 working days. Test scores will not be released via telephone/fax or to candidates.

For a successful candidate, a Personnel Change in Status Hire Form must be completed and forwarded to the CJA Certification Unit within 60 days of the test date. This must be done prior to a reserve officer commencing his/her duties. Upon receipt of the appointment form, the CJA Certification Unit will contact you with authorization to begin the reserve officer ride-along requirement within 15 working days.

In the event a candidate fails the test, one retest will be offered. The employing department must contact the CJA Standards Unit at 803-896-7843 to reschedule the test. **This test must be taken within 60 days from the end of the training.** If a candidate fails the test a second time, he/she must wait one year from the date of the last failure before repeating the required training and being tested. (Note: If a candidate fails twice, he/she is not eligible to attend any Academy mandated training (Basic Law Enforcement, Basic Jail, or Limited Duty), the Reserve program or the Constable program for one year from the date of the retest failure.

\_\_\_\_\_  
CJA ISS Program Coordinator

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Signature of Chief/Sheriff/Agency Head  
(no designee allowed)

\_\_\_\_\_  
Date

(Rev. 10/2016)

Note: All changes in must be reported to the CJA Standards Unit immediately.



**South Carolina Criminal Justice Academy**  
**Instructional Standards and Testing Unit**  
 5400 Broad River Road  
 Columbia, SC 29212

**Reserve Candidate Attestation and Authorization to Release Form**

Form must be completed for each reserve candidate and submitted with Application for SC Reserve Officer Training Implementation. No reserve candidate may attend the SC Reserve Officer Training Program until this form is on file with the SC Criminal Justice Academy.

**Please Print:**

Candidate's Full Name: \_\_\_\_\_  
 (Name on SS Card - No Nicknames) Last First M.I.  
 Street Address (No PO Box): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Employing Department: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
 You must have a SC Driver's License. An out of state Driver's License is **NOT** acceptable.  
 Social Security #: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Race \_\_\_\_\_ Sex: \_\_\_\_\_  
 Training Department: \_\_\_\_\_

I hereby attest that the following documentation **has been reviewed and will be maintained in the above individual's file**. I understand that should any conflict regarding documentation authenticity arise, the SC Criminal Justice Academy reserves the right to review all documents maintained by the department on this individual.

**Documents Currently On File At Department:**

1. A copy of candidate's birth certificate.
2. High School diploma or GED certification.
3. Report of current medical exam, on CJA preplacement & medical history form, with physician attesting medically suitable for law enforcement employment.
4. Fingerprint card showing results of SLED and FBI identification fingerprint check. All charges must show a final disposition with NO felony conviction or disqualifying misdemeanor. The employing department must have conducted a background investigation, including a credit check, and the results must be satisfactory.
5. Candidate must hold a **valid/current SC Driver's License** with no record for the past five years for suspension as a result of Driving Under the Influence of Alcoholic Beverages or Dangerous Drugs, Driving While Impaired, Reckless Homicide, Involuntary Manslaughter or Leaving the Scene of an Accident.
6. A recent photograph. (within 6 months)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Police Chief, Sheriff, or Authorized Representative

Print Name and Title: \_\_\_\_\_

Sworn to and subscribed before me this: \_\_\_\_\_  
 Notary Public For South Carolina  
 (Day) day of \_\_\_\_\_, \_\_\_\_\_  
 (Month) (Year)

Signature of Notary Public: \_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_  
 MM / DD / YEAR

**AUTHORIZATION TO RELEASE INFORMATION, ATTESTION OF NO OTHER COMMISSIONS**

I hereby authorize the SC Criminal Justice Academy to release any information in its files pertaining to my certification, recertification, decertification, accreditation, maintenance of accreditation, withdrawal of accreditation or any other item of information related to law enforcement training, but not limited to academic achievement, attendance, physical fitness, personal history, and disciplinary records to any South Carolina law enforcement agency by which I may be employed or to its authorized representative.

I hereby release the SC Criminal Justice Academy, including its Director, Deputy Director, employees and agents, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, or assigns because of compliance with this authorization and request to release information, or any attempt to comply with it.

I hereby certify that I will have no other law enforcement commission once the reserve commission is obtained.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Signature of Reserve Candidate

**For CJA USE ONLY**

Test Date \_\_\_\_\_ Test Grade \_\_\_\_\_ Retest Date \_\_\_\_\_ Retest Grade \_\_\_\_\_



South Carolina Criminal Justice Academy  
Instructional Standards and Support Section  
5400 Broad River Road  
Columbia, SC 29212

Reserve Candidate Attestation and Authorization to Release Form

Form must be completed for each reserve candidate and submitted with Application for SC Reserve Officer Training Implementation. No reserve candidate may attend the SC Reserve Officer Training Program until this form is on file with the SC Criminal Justice Academy.

Please Print:

Candidate's Full Name:

(Name on SS Card - No Nicknames)

Last

First

M.I.

Street Address (No PO Box):

City, State, Zip Code:

Employing Department:

Driver's License #:

Issuing State:

You must have a SC Driver's License. An out of state Driver's License is NOT acceptable.

Social Security #:

Date Of Birth:

Race:

Sex:

Training Department:

I hereby attest that the following documentation has been reviewed and will be maintained in the above individual's file. I understand that should any conflict regarding documentation authenticity arise, the SC Criminal Justice Academy reserves the right to review all documents maintained by the department on this individual.

Documents Currently On File At Department:

1. A copy of candidate's birth certificate.
2. High School diploma or GED certification.
3. Report of current medical exam, on CJA preplacement & medical history form, with physician attesting medically suitable for law enforcement employment.
4. Fingerprint card showing results of SLED and FBI identification fingerprint check. All charges must show a final disposition with NO felony conviction or disqualifying misdemeanor. Employing department must have conducted a background investigation, including a credit check, and results must be satisfactory.
5. Candidate must hold a valid/current SC Driver's License with no record for the past five years for suspension as a result of Driving Under the Influence of Alcoholic Beverages or Dangerous Drugs, Driving While Impaired, Reckless Homicide, Involuntary Manslaughter or Leaving the Scene of an Accident.
6. A recent photograph (within 6 months).

Date: Signature:

Police Chief, Sheriff, or Authorized Representative

Print Name and Title:

Notary Public For South Carolina

Sworn to and subscribed before me this:

day of

(Day)

(Month)

(Year)

Signature of Notary Public:

Print Name:

My Commission Expires:

MM

DD

YEAR

AUTHORIZATION TO RELEASE INFORMATION, ATTESTATION OF NO OTHER COMMISSIONS

I hereby authorize the SC Criminal Justice Academy to release any information in its files pertaining to my certification, recertification, decertification, accreditation, maintenance of accreditation, withdrawal of accreditation or any other item of information related to law enforcement training, but not limited to academic achievement, attendance, physical fitness, personal history, and disciplinary records to any South Carolina law enforcement agency by which I may be employed or to its authorized representative.

I hereby release the SC Criminal Justice Academy, including its Director, Deputy Director, employees and agents, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, or assigns because of compliance with this authorization and request to release information, or any attempt to comply with it.

I hereby certify that I will have no other law enforcement commission once the reserve commission is obtained.

Date: Signature:

Signature of Reserve Candidate

For CJA USE ONLY

Test Date  
12/2011

Test Grade

Retest Date

Retest Grade

94



## Sc Reserve Officer Candidate Departmental Training Verification

Candidate's **Full** Name as indicated on SS Card (Print) \_\_\_\_\_

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

S.C. Driver's License Number \_\_\_\_\_

This candidate has **completed** the Reserve Police Officer Training as required by South Carolina law and **qualified** with a firearm.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief/Sheriff/Tech College Liaison/Instructor Signature

\_\_\_\_\_  
Date

	Course	Hours	Date Completed	Instructor's Full Name and Department <u>Must be Legible</u>
1	Arrests	2.5		
2	Civil Liability	4		
3	Civil Process	1		
4	Confessions, Interrogation, Miranda Rule	3.75		
5	Courts, Crimes and Courtroom Procedures	2.5		
6	Ethics and Misconduct in Law Enforcement	2.5		
7	Evidence	3		
8	Exclusionary Rule	2.5		
9	First Amendment Issues	1		
10	Introduction to Criminal Law	4.5		
11	Investigative Detention	2.5		
12	Probable Cause	2.5		
13	Legally Defensible Use of Force	1.5		
14	Searches I	4		
15	Searches II	3.5		
16	Searches III	4		
17	Specific Crimes - Crimes Against Person	3		
18	Specific Crimes - Crimes Against Property	3.5		
19	Domestic Violence	13		
20	Harassment and Stalking	2		
21	Victimology	2		
22	Child Abuse	3.5		
23	Juvenile Procedures	3.75		
24	Sexual Assault	2.75		
25	Mental Illness	2.5		
26	Prejudice and Personality (Diversity)	3		
27	Officer Survival On and Off Duty	2		
28	Basic Patrol Operations	5		
29	Strategies of Arrest	2.5		
30	Vulnerable Adults	3.5		
31	SALTS (Safe & Legal Traffic Stops)	2		
32	PPCT Use of Force (DT Instructor)	6		
33	PPCT Tactical Handcuffing (DT Instructor)	8.5		
34	PPCT Weapon Retention (DT Instructor)	3.75		
35	Firearms (Firearms Instructor)	22.75		
36	Emergency Vehicle Operations (Driving Instructor)	2		
37	Local Ordinances and Policies	10		

The courses and instructors listed on this form must match the information submitted on the Application for South Carolina Reserve Officer Training Implementation form. The documentation packet must be received before a test date will be scheduled. The examination may **not** be taken by any reserve candidate until the documentation packet is completed in its entirety.



## South Carolina Criminal Justice Academy Instructional Standards and Testing

### Reserve Firearms, EVO and Local Ordinances/Policies Qualification and Training Verification Form

Note: This form must be completed for all Reserve candidates. This form must also be completed for any Reserve Officer transferring to another department and for Constables transferring to Reserve.

#### Verification & Certification of the Firearms Qualification

**PLEASE PRINT:**

Candidate's Full Name as  
indicated on SS Card (Print) :

Acadis ID #  
or SS#: \_\_\_\_\_

Employing Department: \_\_\_\_\_

The above named candidate was taken to the firearms range for qualification purposes. I, the Firearms Instructor, certify the following tasks were completed and the results to be accurate, and I recommend the candidate be QUALIFIED.

- (A) Candidate was given basic weapon safety, both on duty and off duty.
- (B) Weapons liability, both on duty and off duty, was explained to the candidate.
- (C) Candidate fired the qualification course required by the SC Criminal Justice Academy with the following results:

Course of Fire:

50 Round, 25 Yard Course

Points (250 Max – 188 Min)

Date Qualified

Signature of CJA Accredited Firearms Instructor: \_\_\_\_\_

Acadis ID  
# or SS#: \_\_\_\_\_

Print CJA Accredited Firearms Instructor's Name: \_\_\_\_\_

CJA Accredited Firearms Instructor's Accreditation Expiration Date: \_\_\_\_\_

\*\*\*\*\*

#### Emergency Vehicle Operation Affidavit

I do hereby certify that the above named candidate has been instructed, fully understands and has been given a copy of this department's Emergency Response Driving policy.

Department's Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Acadis ID  
# or SS#: \_\_\_\_\_

\*\*\*\*\*

#### Local Ordinances and Policies Affidavit

I do hereby certify that the above named candidate has been instructed and fully understands this department's Local Ordinances and Policies.

Department's Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Acadis ID  
# or SS#: \_\_\_\_\_

Revised 1/2012



## SC Reserve Officer Training Program

### PPCT Proficiency Form

Candidate's Full Name as indicated on SS Card:

Candidate's Social Security #:

Employing Department:

Date of Test:

Location of Test:

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A. PPCT/Tactical Handcuffing                      P                      F

Comments:

---

---

---

---

B. PPCT/Use of Force                                      P                      F

Comments:

---

---

---

---

C. PPCT/Weapon Retention                              P                      F

Comments:

---

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---

By signing below, the instructor is certifying that he/she has tested the candidate in all 3 areas (Tactical Handcuffing, Use of Force, and Weapon Retention).

CJA Accredited DT Instructor's Name (Printed):

CJA Accredited DT Instructor's Signature:

Date:

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Original form to be maintained in candidate's file along with detailed information on candidate's actual performance. A copy to be maintained in Department's Training File, and a copy to be sent to the Academy along with the Departmental Training Verification Form.

### **Out-of-State Transfers**

Training Review Request Form -- WORD Document that can be sent via email  
Release Authorization Form -- PDF that can be sent via email



**South Carolina Criminal Justice Academy**  
**Certification and Compliance**  
**TRAINING REVIEW REQUEST FORM**  
**Prior Law Enforcement training, Certification & Employment**



Requesting Department \_\_\_\_\_

Phone # \_\_\_\_\_

Today's Date \_\_\_\_\_

Officer's Name \_\_\_\_\_

Social Security or Academy ID # \_\_\_\_\_

Check: ☐ Previously SC Certified

☐ Out of State

☐ Military

☐ Federal

**PRIOR TRAINING HISTORY**

1. State: \_\_\_\_\_

Place of Training: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Total # Hours: \_\_\_\_\_

Firearms # Hours \_\_\_\_\_

EVOC # Hours \_\_\_\_\_

Dates Attended/Completion Attached: \_\_\_\_\_

Copy of Certificate of Completion Attached: \_\_\_\_\_

☐ Yes

☐ No

POST Letter Requested: \_\_\_\_\_

☐ Yes

☐ No

2. State: \_\_\_\_\_

Place of Training: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Total # Hours: \_\_\_\_\_

Firearms # Hours \_\_\_\_\_

EVOC # Hours \_\_\_\_\_

Dates Attended/Completion Attached: \_\_\_\_\_

Copy of Certificate of Completion Attached: \_\_\_\_\_

☐ Yes

☐ No

POST Letter Requested: \_\_\_\_\_

☐ Yes

☐ No

**PRIOR LAW ENFORCEMENT EMPLOYMENT**

1. From \_\_\_\_\_

to \_\_\_\_\_

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

2. From \_\_\_\_\_

to \_\_\_\_\_

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

3. From \_\_\_\_\_

to \_\_\_\_\_

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

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

To be completed by requesting department and mailed or FAXED to Attention: Kim Stevens or Jeff Finch, Certification & Compliance, Criminal Justice Academy, 5400 Broad River Road, Columbia, SC 29212. Phone #: 803 896 4399 or 803 896 7805; FAX #: 803 896 7803 Attach: Copy of Certificate of Completion; Curriculum/Syllabus showing hours and topics of training. **POST letter MUST be received and you must be notified that Training Review is COMPLETE PRIOR to registration.**

**Below this Line - For CJA USE ONLY**

**Law Enforcement Training Required for SC Certification:** \_\_\_\_\_

Certification & Compliance Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Training Operations Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Standards Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Special Operations Manager: \_\_\_\_\_

Date: \_\_\_\_\_

SCCJA Deputy Director: \_\_\_\_\_

Date: \_\_\_\_\_

SCCJA Director Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Revised 5/7/2015



**SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY**  
5400 Broad River Road  
Columbia, South Carolina 29212-3540



**AUTHORIZATION TO RELEASE INFORMATION**

I, the undersigned Officer, hereby authorize the \_\_\_\_\_  
\_\_\_\_\_ to release any information in its files pertaining to my certification, recertification, decertification, accreditation, maintenance of accreditation, withdrawal of accreditation or any other item of information related to law enforcement training, including but not limited to academic achievement, attendance, physical fitness, personal history and disciplinary records to the South Carolina Criminal Justice Academy or to its authorized representatives.

I hereby release the \_\_\_\_\_ from any and all liability for damages of whatever kind, which may at any time result to me, my heirs or assigns because of compliance with this Authorization to Release Information, or any attempt to comply with it.

Dated: \_\_\_\_\_

Signed in the Presence of:

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Print Full Name

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

**K9 Certification**

K9 Certification Form – Electronic Form

# South Carolina Patrol K9 Certification Form

Officer Name

<input type="text"/>	<input type="text"/>
First Name	Last Name

Officer's email Address

ex: myname@example.com

Officer's Employing Agency Name

Date of Certification by Certifying Agency

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="button" value="c"/>
Month		Day		Year	

K9 Name

K9 Age

ex: 23

Please choose the Certifying Agency from the drop down list below, then upload a copy of the current certification issued by that certifying agency.

If you do not see your certifying agency on this list, please contact Jennifer Tatum, Instructional Standards and Support Unit Manager at [JTatum@sccja.sc.gov](mailto:JTatum@sccja.sc.gov) or Jim Crosland, Basic Training Coordinator at [JCrosland@sccja.sc.gov](mailto:JCrosland@sccja.sc.gov)

Certifying Agency

Upload Copy of Certification

No file chosen

## **Arson Investigators**

Guidelines for Arson Investigator Certification – PDF that can be sent via email

## **Guidelines for Arson Investigator Certification & Training**

### **I. Law Enforcement Selection**

Select members of the Fire Department will receive additional training and certification as a Class I or a Class III (Limited Duty) law enforcement officer. The following shall outline the general selection and process:

1. The Fire Department will identify the appropriate staff and number of personnel needed to support the operation and will consult with the Fire Chief. The Fire Chief will forward the names and resumes of the selected members to the Police Chief/Sheriff for consideration as Class I or Class III officers. All such members must be full-time, paid employees of the State of South Carolina or any of its political subdivisions and must be regularly on the payroll.
2. All staff members submitted for consideration for Class I or Class III law enforcement certification must have successfully completed an eighty (80) hour basic fire investigation course.
3. Members selected for the Class I or Class III program will be subject to the background investigation necessary for that certification level by the Police Department.
4. Upon confirmation that the background investigation necessary for that certification level has been successfully passed, all documentation required by the SC Criminal Justice Academy must be completed and prepared for submission. For Class I Officers, that documentation includes: Application for Basic Law Enforcement Training Class, Medical History Form, Document Attestation Form (various elements in the employees file), Attestation of Criminal History Check. For Class III (Limited Duty) Officers, that documentation includes: Application for the Limited Duty Basic Class, Medical History Form, Document Attestation Form (various elements in the employees file), Attestation of Criminal History Check, Two completed fingerprint cards, Firearm Qualifications Form, and Emergency Vehicle Operation Policy Form.
5. Selected employee(s) will be scheduled for the appropriate course (12 week Basic Law for class 1) and, for Class III Officers (66 hours Limited Duty Officer Training), the needed preparation for the Firearm Qualification will be completed in advance of the class and maintained by the commissioning agency.
6. The Fire Department must pay the South Carolina Criminal Justice Academy the cost of providing the certification training requested. This payment must be made prior to the selected employee(s) attending training at the CJA.
  - a. Should the selected employee(s) fail to successfully complete their training, they may be admitted one (1) additional time (recycled) to try and successfully complete training. No additional fee shall be required from the Fire Department unless there is increased cost to the CJA for this recycle.
  - b. Should the selected employee(s) fail a second time to successfully complete their training, they may not be admitted for any additional training at the CJA until a period of one (1) year has passed from the date of the second failure. Should the selected employee(s) return for training at the CJA after one (1) year has passed from the date of their second failure, the entire process of training and

certification with the CJA will begin again, as if the selected employee(s) has never attended any training at the CJA, including, but not limited to, Fire Department paying the CJA for the cost of the certification training requested.

- c. In the case of a second failure, no portion of the fees originally paid to the CJA will be refunded to the Fire Department.
7. Upon successful completion of Class I or Class III law enforcement training, the selected employee shall be issued their law enforcement commission by the Chief of Police Department.
8. For Class III fire and/or arson investigators, all law enforcement duties shall be limited.

## II. Continuing Education Training

1. Members of the Fire Department who become certified as Class I or Class III law enforcement officers shall meet all the continuing education requirements for their certification as outlined by the CJA.
2. The Police Department shall be responsible for providing all required continuing education training, that is not available directly from CJA, for the fire and/or arson investigators.
3. The Police Department shall be responsible for filing all required documents with CJA regarding the fire and/or arson investigator's certification. For example, PCS Reports, MRN Reports, etc...
4. Fire and/or arson investigators are encouraged to identify additional training and education that will further benefit their specific investigative skills and knowledge.
5. If a fire and/or arson investigator attends advanced training at CJA, the Fire Department must pay the CJA the cost of providing the advanced training requested. This payment must be made prior to the selected employee(s) attending the advanced training at the CJA. In the case of a failure to successfully complete the advanced training, no portion of the fees paid to the CJA will be refunded to the Fire Department.

\_\_\_\_\_  
Chief  
Police Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief  
Fire Department

\_\_\_\_\_  
Date

**Appendix**

Accommodations Request for Applicants with Disabilities

Accommodations Request for Applicants with Food Allergies

PCS Instructions

MRN Instructions

Accommodations Request Involving Written Examinations for Applicants with Disabilities

Reserve Program Administrative Guide

POST Letter

Training Review Instructions



# **Accommodations Request For Applicants With Disabilities**

**South Carolina Criminal Justice Academy  
Registration Unit  
5400 Broad River Road  
Columbia, SC 29212-3540  
(803) 896-8360 (fax)**

## INTRODUCTION

The South Carolina Criminal Justice Academy (Academy) provides reasonable accommodations in accordance with the Amended Americans with Disabilities Act (AADA) for individuals with documented disabilities who demonstrate a need for accommodation, when such accommodation can be provided without compromising the Academy's training or certification standards.

The following information is provided for applicants, qualified disability evaluators, and others who may be involved in the process of documenting a request for examination accommodations so the appropriate documentation can be assembled to support the request.

The AADA and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities or an individual with a record of a substantially limiting impairment (functional limitation). **Functional limitation refers to the manifestations of a disability that impedes an individual's ability to function.** The purpose of documentation is to validate that the individual is covered under the AADA as a disabled individual, the disability is such that it necessitates an accommodation, and that the requested accommodation can be made without compromising the Academy training or certification standards.

An applicant's requested accommodations must be related to the identified functional limitation so that the area of impairment is alleviated by the requested accommodation. It is essential that the documentation submitted provide a clear explanation of how or why a specific impairment results in the identified functional limitation(s) and how the requested accommodation will alleviate the identified functional limitation(s).

## HOW TO REQUEST EXAMINATION ACCOMMODATIONS

Prior to attendance at any training an applicant must notify the Academy's Registration Unit that he/she has a disability and is requesting accommodations. Applications for accommodations can be obtained on the Academy website – [www.sccja.sc.gov](http://www.sccja.sc.gov) – or by contacting the Academy – Registration Unit at 803-896-9912.

1. Submit a completed *Application for Accommodations*, Part I and Part II. Be sure to sign the application where indicated.
2. Attach documentation certifying the disability from a qualified licensed professional appropriate for evaluating the disability.
3. The completed *Application for Accommodations* and appropriate documentation **MUST** be mailed to the:

South Carolina Criminal Justice Academy  
Registration Unit  
5400 Broad River Road  
Columbia, SC 29212 – 3540

To protect your confidentiality, always send accommodation information separately to the above address. **DO NOT** include these materials with any other correspondence.

4. **The completed application and accompanying documentation MUST be received by the Registration Unit at least 30 calendar days prior to the start of training program. Failure to submit the completed application and accompanying documentation at least 30 calendar days prior to the start of the training program may result in an individual's inability to attend the scheduled training program. If there is a need for further verification of the disability or the need for the requested accommodations, it is possible that the decision whether to provide the requested accommodations will delay participation in the scheduled training program. Any documentation submitted to the Academy related to a request for accommodations may be referred to disability experts (medical and legal) for a fair and impartial professional review of the request.**

#### **COMPLETING AN ACCOMMODATIONS REQUEST FOR LEARNING DISABILITIES**

The following additional guidelines are provided to assist applicants in documenting a need for accommodation based on functional limitation caused by a learning disability.

To support a request for accommodations due to a functional limitation caused by a learning disability, please submit the following information/documentation:

1. A completed *Application for Accommodations*.
2. A detailed, comprehensive written report prepared by an evaluator qualified to make such a diagnosis describing the learning disability in terms of how the learning disability impacts a specific major life activity, resulting in the need for the requested accommodation(s).
  - a. Relevant Assessment Batteries:

A neuropsychological or psycho-educational assessment may be necessary in order to determine the individual's pattern, strengths, and/or weaknesses in order to determine whether there are patterns indicative of any learning disorders.
  - b. Specific Diagnosis:
    - (1) The report must include a specific diagnosis of the learning disability based on diagnostic criteria;
    - (2) Individuals who report problems with organization, memory and concentration only on a situational basis do not fit the prescribed diagnostic criteria for learning disability;
    - (3) Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not supportive of a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation(s).
  - c. Clinical Summary

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the assessment. The clinical summary should include:

- (1) Demonstration of the evaluator's having ruled out alternative explanations for the symptoms of the diagnosed learning disability as a result of psychological or medical disorders or non-cognitive factors;
- (2) Indication of the substantial limitation to learning presented by the diagnosed learning disability and the degree to which it impacts the individual in the context for which accommodation(s) is/are being requested;
- (3) Indication as to why specific accommodation(s) is/are needed and how the effects of diagnosed learning disability symptoms are lessened by the accommodation(s);
- (4) Specific recommendations for accommodation(s);
- (5) A detailed explanation must be provided as to why each accommodation is recommended and should be correlated with specific identified functional limitation;
- (6) Prior documentation of a diagnosed learning disability may be useful in determining appropriate services and/or accommodations in the present. Therefore, please include any record of prior accommodation(s), including information about specific conditions under which the accommodation(s) was/were used;
- (7) **If no prior accommodation has been provided, include a detailed explanation as to why no accommodation was provided in the past and why accommodation is needed at this time.**

#### **CHANGE IN DISABILITY OR ACCOMMODATIONS REQUESTED**

If there are any changes in the nature or extent of your disability or if the accommodations will differ from previously provided accommodations, you must submit an updated application as soon as possible prior to the start of training and provide detailed documentation explaining the change.

#### **ALL MATERIALS AND ALL INQUIRIES MUST BE SUBMITTED TO THE FOLLOWING ADDRESS**

**South Carolina Criminal Justice Academy  
Registration Unit  
5400 Broad River Road  
Columbia, SC 29212**



# **Accommodations Request For Applicants With Food Allergies**

**South Carolina Criminal Justice Academy  
Registration Unit  
5400 Broad River Road  
Columbia, SC 29212-3540  
(803) 896-8360 (fax)**

## INTRODUCTION

The South Carolina Criminal Justice Academy (Academy) provides reasonable accommodations for individuals with documented food allergies.

The following information is provided for applicants, qualified evaluators, and others who may be involved in the process of documenting a request for accommodations for food allergies so the appropriate documentation can be assembled to support the request.

The purpose of documentation is to validate the individual has a food allergy, that the food allergy is such that it necessitates an accommodation, and that the requested accommodation can be made without compromising the Academy training or certification standards.

An applicant's requested food accommodations must be related to the food allergy. It is essential that the documentation submitted provide a clear food allergy explanation and how the requested food accommodation will alleviate the food allergy.

## HOW TO REQUEST EXAMINATION ACCOMMODATIONS

Prior to attendance at any training an applicant must notify the Academy's Registration Unit that he/she has a food allergy and is requesting accommodations. Applications for food accommodations can be obtained on the Academy website – [www.sccja.sc.gov](http://www.sccja.sc.gov) – or by contacting the Academy – **Registration Unit at 803-896-9912**.

1. Submit a completed *Application for Food Accommodations*, Part I and Part II. Be sure to sign the application where indicated.
2. Attach documentation certifying the food allergy from a qualified licensed professional appropriate for evaluating the food allergy.
3. The completed *Application for Food Accommodations* and appropriate documentation **MUST** be mailed to the:

South Carolina Criminal Justice Academy  
Registration Unit  
5400 Broad River Road  
Columbia, SC 29212 – 3540

To protect your confidentiality, always send food accommodation information separately to the above address. **DO NOT** include these materials with any other correspondence.

4. The completed application and accompanying documentation **MUST** be received by the Registration Unit at least 30 calendar days prior to the start of training program. Failure to submit the completed application and accompanying documentation at least 30 calendar days prior to the start of the training program may result in an individual's inability to attend the scheduled training program. If there is a need for further verification of the food allergy or the need for the requested accommodations, it is possible that the decision whether to provide the requested accommodations will delay participation in the scheduled training program. Any documentation submitted to the Academy related to a request for food accommodations

may be referred to experts (medical and legal) for a fair and impartial professional review of the request.

#### **CHANGE IN FOOD ACCOMMODATIONS REQUESTED**

If there are any changes in the nature or extent of your food allergies or if the accommodations will differ from previously provided food accommodations, you must submit an updated application as soon as possible prior to the start of training and provide detailed documentation explaining the change.

#### **ALL MATERIALS AND ALL INQUIRIES MUST BE SUBMITTED TO THE FOLLOWING ADDRESS**

**South Carolina Criminal Justice Academy  
Registration Unit  
5400 Broad River Road  
Columbia, SC 29212**



## PERSONNEL CHANGE IN STATUS REPORT OF SEPARATION FORMS

There are two PCS forms used when an officer and agency separate:

- (1) Notification of Administrative/Routine Separation
- (2) Notification of Separation Due to Misconduct

### Administrative/Routine Separations:

This form is to be used for all separations that do **NOT** involve misconduct as defined by S.C. Reg. 37-025. Examples of administrative / routine separations include, but are not limited to:

Resignation, retired, deceased, new Sheriff, accepted employment with another law enforcement agency, Medical or Military Leave, failed to complete basic training, failed to complete in-service training, transfer from one law enforcement classification to another law enforcement classification (i.e. LE1 to LECO), or termination for violation of Agency policy **NOT** involving misconduct as defined by S.C. Regulation 38-004 (i.e., substandard performance, excessive absenteeism, failure to follow orders, etc.)

Also, there is a block titled "Other" which can be used to indicate the nature of the separation if one of the above examples is not accurate. Please remember, that the "Other" block should only be used for separations that do **NOT** involve misconduct as defined by S.C. Reg. 37-025.

All Administrative/Routine Separations **must** be accompanied by a Mandatory Retraining Notification (MRN form) indicating in-service training received while the officer was employed with your agency.

All Administrative/Routine Separations must be received by SCCJA within **15 days** of the separation. See S.C. Reg. 37-022.

### Separations Due to Misconduct:

This form is to be used for any separation involving misconduct as defined in S.C. Reg. 37-025. **All Separations Due to Misconduct must fall within the definition of misconduct under S.C. Reg. 37-025.** Examples of Separations Due to Misconduct include, but are not limited to:

Termination or Resignation **INVOLVING MISCONDUCT** as defined in S.C. Reg. 37-025.

S.C. Reg. 37-025 defines misconduct as [with examples in brackets]:

1. Conviction, plea of guilty, plea of no contest or admission of guilt (regardless of withheld adjudication) to a felony, a crime punishable by a sentence of more than one year (regardless

of the sentence actually imposed, if any), or a crime of moral turpitude in this or any other jurisdiction [For example, but not limited to: conviction Fraudulent Check, admission of guilt to shoplifting even if not convicted of shoplifting, etc...]

2. Unlawful use of a controlled substance [For example, but not limited to: Observation of unlawful use of a controlled substance and/or testing positive for use of a controlled substance, etc...];

3. The repeated use of excessive force in dealing with the public and/or prisoners;

4. Dangerous and/or unsafe practices involving firearms, weapons, and/or vehicles which indicate either a willful or wanton disregard for the safety of persons or property [For example, but not limited to: failure to properly secure firearms/weapons, DUI conviction, etc...];

5. Physical or psychological abuses of members of the public and/or prisoners;


6. Misrepresentation of employment-related information [For example, but not limited to: Lying or misrepresenting current or former law enforcement position or reason for separation, etc...];

7. Dishonesty with respect to his/her employer [For example, but not limited to: Lying during an internal affairs investigation, etc...];

8. Untruthfulness with respect to his/her employer [For example, but not limited to: Lying during an internal affairs investigation, etc...].

All separations reported on the Notification of Separation Due to Misconduct form must include both pages of the Notification of Separation Due to Misconduct form. One of the eight categories listed above as misconduct under S.C. Reg. 37-025 **must** be selected on the Notification of Separation Due to Misconduct form. If the behavior does not fall into one of the eight categories listed above as misconduct under S.C. Reg. 37-025, then it is likely the behavior is not misconduct as defined by S.C. Reg. 37-025.

The Notification of Separation Due to Misconduct form **REQUIRES detailed** information describing the misconduct behavior to be provided in a narrative format. Additional pages may be attached to the Notification of Separation Due to Misconduct form if needed. The Notification of Separation Due to Misconduct form also **REQUIRES** the reporting agency to indicate if criminal charges have been filed against the officer and, if charges have been filed, to list those charges.

The Notification of Separation Due to Misconduct form also **REQUIRES** the reporting agency to attach  investigation report(s), statements, test results, audio/video records, and/or other documentation related to the misconduct. **If the Notification of Separation Due to Misconduct form is received by SCCJA, but does not have the supporting documentation attached the form and report may not be accepted by SCCJA.**

All Notification of Separation Due to Misconduct forms **must** be signed by the Agency Head.

All Notification of Separation Due to Misconduct forms must be received by SCCJA within **15 days** of the discovery of any event of misconduct which is determined to be **"Founded"** by the reporting agency. See S.C. Reg. 37-023. Please note, however, that if your agency has an internal grievance procedure, you may complete your grievance procedure prior to filing the Notification of Separation Due to Misconduct form. If a grievance is proceeding and you are not going to file the Notification of Separation Due to Misconduct form until the grievance is completed, please submit an Administrative/Routine PCS of Separation, check the other block, and state "Grievance Pending." If an allegation of misconduct is **NOT** "Founded" by the reporting agency, it does **NOT** have to be reported to SCCJA.

## **INSTRUCTIONS FOR COMPLETING MRN**

(Mandatory Retraining Notification)

### **Section I: ATTESTATION**

- **Agency Name**
  - **Reporting Period** -- Year you are reporting training for.
  - All training records for Law Enforcement Recertification is subject to verification by the SC Criminal Justice Academy.
  - Must be signed by agency representative, dated and properly notarized.
- 

### **Section II - ROSTER OF OFFICER(S) RENEWING CERTIFICATION**

#### **Certification Renews Every (3) Years**

- **Class 1 LEO - Officer that has completed 12 Week Basic Certification Requirements**
  - Legal Update each year
  - CDV Update each year
  - In- Service Hours

Legal(s), CDV(s) and In-Service Hours should total 40 Hours for the three year renewal.

- **Class 1 LECO - Officer that has completed 12 Week Basic & Basic Jail Certification Requirements**
  - Legal Update each year
  - CDV Update each year
  - 120 In-Service Hours for the three year renewal.

Legal(s), CDV(s) and In-Service -120 Hours for the three year renewal.

**Section II -cont'd**

- **Class 2 LCO - Officer that has completed 3 Week Basic Jail Certification Requirements**
    - 40 In-Service Hours each year  
In-Service hours should total at least 120 Hours for the three year renewal.
  - **Class 3 SLE - Officer that has completed 2 Week Limited Duty Basic Certification Requirements**  
(Example of Class 3 duties: Litter/Animal Control, Court Security)
    - (1) Legal each year of the three year renewal.
- 

### ➤ **REPORTING A CDV OR LEGAL**

- **Date:** List month, day and year the Legal or CDV was TAKEN.
- **Year Viewed:**  
Record the "Specific Year" of the Legal or CDV Update you watched under Year Viewed, for Example: CDV Update for 2016, 2017, 2018), Legal Update for 2016/2017, 2017/2018 and 2018/2019.

### ➤ **REPORTING IN-SERVICE AND EVO HOURS**

Enter total number of In-Service Hours for Class 1 LEO; Class 1 LECO; Class 2 LCO under In-Service/EVO Column.

### ➤ **REPORTING SEPARATE CERTIFICATION HOURS**

This section should only be completed when an Officer is deficient in their in-service hours for Certification Renewal.

**Separate Certification Hours** - Certifications that are earned at CJA and grant you a certification other than the Basic Training. (Not needed if you have enough In-Service Hours for Renewal)

**Examples of Separate Certifications:** Firearms, Basic Inst., Driving, Radar.

**Reporting .....**Enter total number of hours you do not need to break out each Certification.

Forms located at [sccja.sc.gov](http://sccja.sc.gov)

Revised 02/15/2017



# **Accommodations Request Involving Written Examinations For Applicants With Disabilities**

**South Carolina Criminal Justice Academy  
Instructional Standards & Support Section  
Academic Testing Unit  
5400 Broad River Road  
Columbia, SC 29212-3540  
(803) 896-7956  
(803) 896-8746 (fax)**

## INTRODUCTION

The South Carolina Criminal Justice Academy (Academy) provides reasonable accommodations in accordance with the Amended Americans with Disabilities Act (AADA) for individuals with documented disabilities who demonstrate a need for accommodation, when such accommodation can be provided without compromising the Academy's training or certification standards.

The following information is provided for applicants, qualified disability evaluators, and others who may be involved in the process of documenting a request for examination accommodations so the appropriate documentation can be assembled to support the request.

The AADA and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities or an individual with a record of a substantially limiting impairment (functional limitation). **Functional limitation refers to the manifestations of a disability that impedes an individual's ability to function.** The purpose of documentation is to validate that the individual is covered under the ADA as a disabled individual, that the disability is such that it necessitates an accommodation, and that the requested accommodation can be made without compromising the Academy training or certification standards.

An applicant's requested accommodations must be related to the identified functional limitation so that the area of impairment is alleviated by the requested accommodation, typically an auxiliary aid or an adjustment to the examination procedure. It is essential that the documentation submitted provide a clear explanation of how or why a specific impairment results in the identified functional limitation(s) and how the requested accommodation will alleviate the identified functional limitation(s).

While presumably the use of accommodations in the examination activity will enable the individual to better demonstrate his/her knowledge mastery, accommodations are not a guarantee of improved performance, examination completion, or a passing score.

## EXAMINATION ACCOMMODATIONS

Examination accommodations may include, but are not limited to, the following:

- \* Assistance in completing answer sheet(s);
- \* Extended examination time;
- \* Large print examination;
- \* Private testing area.

## HOW TO REQUEST EXAMINATION ACCOMMODATIONS

Prior to any testing an applicant must notify the Academy's Academic Testing Unit that he/she has a disability and is requesting examination accommodations. Applications for accommodations can be obtained on the Academy website – [www.sccja.sc.gov](http://www.sccja.sc.gov) – or by contacting the Academy - Academic Testing Unit at 803-896-7956.

1. Submit a completed *Application for Written Test Accommodations*, Part I and Part II. Be sure to sign the application where indicated.
2. Attach documentation certifying the disability from a qualified licensed professional appropriate for evaluating the disability.
3. The completed *Application for Written Test Accommodations* and appropriate documentation **MUST** be mailed to the:

South Carolina Criminal Justice Academy  
Instructional Standards & Support Section  
Attention: Manager, Academic Testing Unit  
5400 Broad River Road  
Columbia, SC 29212 – 3540

To protect your confidentiality, always send examination accommodation information separately to the above address. **DO NOT** include these materials with any other correspondence.

4. The completed application and accompanying documentation **MUST** be received by the Academic Testing Unit at least 30 calendar days prior to the start of training program. Failure to submit the completed application and accompanying documentation at least 30 calendar days prior to the start of the training program may result in an individual's inability to attend the scheduled training program. If there is a need for further verification of the disability or the need for the requested accommodations, it is possible that the decision whether to provide the requested accommodations will delay participation in the scheduled training program. Any documentation submitted to the Academy related to a request for written test accommodations may be referred to disability experts (medical and legal) for a fair and impartial professional review of the request.

#### COMPLETING AN ACCOMMODATIONS REQUEST FOR LEARNING DISABILITIES

The following additional guidelines are provided to assist applicants in documenting a need for accommodation based on functional limitation caused by a learning disability.

To support a request for examination accommodations due to a functional limitation caused by a learning disability, please submit the following information/documentation:

1. A completed *Application for Written Test Accommodations*.
2. A detailed, comprehensive written report prepared by an evaluator qualified to make such a diagnosis describing the learning disability in terms of how the learning disability impacts a specific major life activity, resulting in the need for the requested accommodation(s).

a. Relevant Assessment Batteries:

A neuropsychological or psycho-educational assessment may be necessary in order to determine the individual's pattern, strengths, and/or weaknesses in order to determine whether there are patterns indicative of any learning disorders.

b. Specific Diagnosis:

- (1) The report must include a specific diagnosis of the learning disability based on diagnostic criteria;
- (2) Individuals who report problems with organization, test anxiety, memory and concentration only on a situational basis do not fit the prescribed diagnostic criteria for learning disability;
- (3) Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not supportive of a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation(s).

c. Clinical Summary

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the assessment. The clinical summary should include:

- (1) Demonstration of the evaluator's having ruled out alternative explanations for the symptoms of the diagnosed learning disability as a result of psychological or medical disorders or non-cognitive factors;
- (2) Indication of the substantial limitation to learning presented by the diagnosed learning disability and the degree to which it impacts the individual in the context for which accommodation(s) is/are being requested (e.g., impact on an examination situation);
- (3) Indication as to why specific accommodation(s) is/are needed and how the effects of diagnosed learning disability symptoms are lessened by the accommodation(s);
- (4) Specific recommendations for accommodation(s);
- (5) A detailed explanation must be provided as to why each accommodation is recommended and should be correlated with specific identified functional limitation;
- (6) Prior documentation of a diagnosed learning disability may be useful in determining appropriate services and/or accommodations in the present. Therefore, please include any record of prior accommodation(s), including information about specific conditions under which the accommodation(s)

was/were used (e.g., standardized testing, final exams, subject exams, etc.);

- (7) **If no prior accommodation has been provided, include a detailed explanation as to why no accommodation was provided in the past and why accommodation is needed at this time.**

#### **CHANGE IN DISABILITY OR ACCOMMODATIONS REQUESTED**

If there are any changes in the nature or extent of your disability or if the accommodations will differ from previously provided accommodations, you must submit an updated application as soon as possible prior to the start of training and provide detailed documentation explaining the change.

#### **ALL MATERIALS AND ALL INQUIRIES MUST BE SUBMITTED TO THE FOLLOWING ADDRESS**

**South Carolina Criminal Justice Academy  
Instructional Standards & Support Section  
Attention: Manager, Academic Testing Unit  
5400 Broad River Road  
Columbia, SC 29212 – 3540**

# **SOUTH CAROLINA RESERVE OFFICER TRAINING PROGRAM**

## **Administrative Guide**



### **SC Criminal Justice Academy Instructional Standards and Testing**

**2016 Edition  
Rev. 10/2016**

## South Carolina Reserve Officer Training Program

### Authority

SC Reserve Officer Law – Chapter 28, Title 23, Code of Laws of SC.

### The South Carolina Reserve Officer

A reserve officer is a non-paid volunteer who assists a law enforcement agency in enforcing the laws of South Carolina. The reserve officer is appointed by and serves at the pleasure of the agency head.

A reserve officer candidate must successfully complete the SC Reserve Officer Training Program to include an end of course written examination prepared by the South Carolina Criminal Justice Academy.

Every reserve officer must be in proximate contact, by radio or another device, with the full-time officer to whom he/she is assigned at all times. **Reserve officers cannot supervise or direct activities of Class 1 or Class 3 law enforcement officers or other reserve officers.**

Following are detailed descriptions of all requirements/responsibilities of host departments and reserve officer candidates. Please read carefully. For questions contact:

Kathy Danielsen, Program Coordinator  
Instructional Standards and Testing  
803-896-7843  
KMDanielsen@sccja.sc.gov

or

Theresa Clark, Administrative Coordinator  
Certification Unit  
803-896-7804  
THClark@sccja.sc.gov

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## **How to Become a South Carolina Reserve Department**

To have a South Carolina Reserve Officer Program, the department must complete and return the Application for Approval as South Carolina Reserve Department form. Once a department has been approved as a South Carolina Reserve Department, that department must submit a new application by **July 15 each year** and anytime there is a change to any information on the application; i.e., new chief/sheriff/agency head, new reserve liaison, addition/resignation/termination of reserve officer. This form is to be submitted if the department has active reserve officers.

It is the department's responsibility to submit the required paperwork annually in July. The South Carolina Criminal Justice Academy (Academy) will not send out reminders. Failure to complete the paperwork annually will result in a department's reserve status being withdrawn. An updated application is required any time a change is made to any area of the application (agency head, reserve liaison, reserve officers added/removed).

Each department using reserve officers must have one full-time class 1 officer as coordinator-supervisor who must be responsible directly to the Chief/Sheriff. This reserve liaison is responsible for the coordination of training classes and scheduling of the reserve test.

Should any conflict regarding logged service time or training arise, the SC Criminal Justice Academy reserves the right to review all documents maintained by the department on the reserve officers.

**All departments need to submit an email address for the Chief/Sheriff/Agency Head and reserve liaison as correspondence concerning the reserve program will be handled via email.**

Completed and signed forms can be submitted via:

Mail: Kathy Danielsen  
SC Criminal Justice Academy  
Instructional Standards and Testing  
5400 Broad River Road  
Columbia, SC 29212

**Or**

Fax: 803-896-8746

**Or**

Email: [kmdanielsen@sccja.sc.gov](mailto:kmdanielsen@sccja.sc.gov)

## **How to Conduct a South Carolina Reserve Officer Candidate Training Program**

Approved reserve departments may apply to conduct a South Carolina Reserve Officer Training Program. In order to host a South Carolina Reserve Officer Training Program, the department must complete and return the Application for South Carolina Reserve Officer Training Implementation form **before beginning each training program**, along with a Reserve Candidate Attestation and Authorization to Release Form for each candidate attending the training. (Candidates must be 21 years of age before attending training.) The forms can be faxed to 803-896-8746. Allow 14 working days for processing. The form must indicate the beginning and ending dates for the training.

If candidates from other departments are attending the training, the candidates' employing agencies must complete an Application for Approval as South Carolina Reserve Department and an Application for South Carolina Reserve Officer Training Implementation form **before the training program begins**, along with a Reserve Candidate Attestation and Authorization to Release Form for each candidate attending the training. Pages 1, 3 and 4 must be completed entirely; however, on page 2 of the Application for South Carolina Reserve Officer Training Implementation form only complete line 36 indicating who from the employing department will be providing the training for the Local Ordinances and Policies. This must be done **BEFORE** the training program begins. It is up to the department offering/sponsoring the training to ensure that all paperwork is on file with the Standards Unit before allowing other departments to send candidates for training. Chiefs/Sheriffs/Agency Heads or reserve liaisons may contact the Standards Unit at 803-896-7843 to verify.

Any changes (i.e., changes in instructors, training dates, candidates) in the training program after an application has been approved must be submitted to the Standards Unit immediately for reapproval. Failure to do so may result in delayed testing of candidates or candidates not being allowed to test.

The reserve liaison will be the contact for questions and scheduling of the test. Any change in the reserve liaison must be submitted to the Standards Unit.

Once the above steps have been completed and the applications approved, the Academy will provide access to the South Carolina Reserve Officer Training Manual and the recorded Legals and DV coursework along with the recordings used with Vulnerable Adults and SALTS.

**Note:** Before a candidate may attend the SC Reserve Officer Training Program, the following must be on file with the employing department. By signing the Reserve Candidate Attestation and Authorization to Release Form you are indicating that these items are currently on file with the employing department.

1. A Photostat copy of candidate's birth certificate
2. High School diploma or GED certification.
3. Report of current medical exam, on CJA preplacement & medical history form, with physician attesting medically suitable for law enforcement employment.
4. Fingerprint card showing results of SLED and FBI identification fingerprint check. All charges must show a final disposition with NO felony conviction or disqualifying misdemeanor. The employing department must have conducted a background investigation, including a credit check, and the results must be satisfactory.
5. Candidate must hold a valid/current SC Driver's License with no record for the past five years for suspension as a result of Driving Under the Influence of Alcoholic Beverages or Dangerous Drugs, Driving While Impaired, Reckless Homicide, Involuntary Manslaughter or Leaving the Scene of an Accident. There is no exception for military personnel. All reserve candidates must have a SC Driver's License.
6. A recent photograph. (within 6 months)

## **South Carolina Reserve Officer Training Program Course Titles**

Program coursework consists of instructional units from law to firearms. Lesson plans are developed and approved by the Academy. All lesson plans will be provided by the Academy with the exception of Local Ordinances and Policies. Lesson plans must be taught as structured; modification of performance objectives, instructional content, time required, and support training material is prohibited.

In addition to the manual, Legals and DV portions of the training are recorded. The department must have an Academy accredited instructor who is a current class 1 law enforcement officer or an approved attorney **present** during all recorded presentations. Training for other topics must be conducted by Academy accredited instructors who are also current class 1 law enforcement officers using the lesson plans provided. Each agency is responsible for training candidates on the agency's Local Ordinances and Policies. The complete names of instructors and/or attorneys must be listed on the Application for South Carolina Reserve Officer Training Implementation. Any changes to the application or instructors must be approved in advance.

The test will cover all content except Local Ordinances and Policies.

Candidates must be present during the entire training program.

### **SC Reserve Officer Training Curriculum Revised October 2016**

#### **Topics taped by Academy Instructors:**

<b>Course Title</b>	<b>Hours</b>	<b>Course Title</b>	<b>Hours</b>
1 Introduction to Criminal Law	3	11 Searches II	3.5
2 Civil Liability	4	12 Searches III	4
3 Probable Cause	2.5	13 Specific Crimes - Crimes Against Persons	3
4 Exclusionary Rule	2.5	14 Specific Crimes - Crimes Against Property	3.5
5 Arrests	2.5	15 Confessions, Interrogation, Miranda Rule	3.75
6 Investigative Detention	2.5	16 Evidence	3
7 First Amendment Issues	1	17 Civil Process	1
8 Ethics & Misconduct in Law Enforcement	2.5	18 Domestic Violence	13
9 Courts, Crimes & Courtroom Procedures	2.5	19 Harassment and Stalking	2
10 Searches I	4	20 Victimology	2
		21 Legally Defensible Use of Force	1.5

#### **Topics where Academy only provides lesson plans:**

22 Child Abuse	3.5	27 Officer Survival On and Off Duty	2
23 Juvenile Procedures	3.75	28 Basic Patrol Operations	5
24 Sexual Assault	2.75	29 Strategies of Arrest	2.5
25 Mental Illness and Medical Issues	2.5	30 Vulnerable Adults	3.5
26 Prejudice & Personality (Diversity)	3	31 SALTS (Safe & Legal Traffic Stops)	2

#### **Topics Requiring DT Instructor, Firearms or Driving Instructor to teach Academy lesson plans:**

32 PPCT/Use of Force (DT Instructor)	6	35 Firearms (Firearms Instructor)	22.75
33 PPCT/Tactical Handcuffing (DT Instructor)	8.5	36 Emergency Vehicle Operations (EVO)	2
34 PPCT/Weapon Retention (DT Instructor)	3.75	(EVO requires Driving Instructor)	

#### **Topic Departments are responsible for:**

37 Local Ordinances and Policies	10
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Total Hours: 150.75 Training Hours + 2 Hour Multiple Choice Test = 152.75

## **South Carolina Reserve Officer Testing Process**

The reserve examination consists of 100 multiple choice test items; all items are cross-referenced to performance objectives. The current passing grade for this examination is 70%.

Upon completion of the training program the department hosting the training will provide the following forms for each candidate:

1. Departmental Training Verification
2. Reserve Firearms, EVO and Local Ordinances/Policies Qualification and Training Verification Form
3. PPCT Proficiency Form (DT Instructor must sign sheet or form will not be accepted)

Upon receipt of the documentation for each candidate, the Standards Unit will review the paperwork for completeness and compare the information to the approved Application for South Carolina Reserve Officer Training Implementation. Provided all paperwork is in order, the Standards Unit will contact the reserve liaison for the department hosting the training to set up a test date at the Academy. Test dates will not be scheduled until all documentation is received for each candidate.

Reserve testing is held at the Academy located at 5400 Broad River Road, Columbia, South Carolina on the first and third Wednesday of each month (excluding holidays or dates when the Academy is closed). The test is administered from 2:00 pm to 4:00 pm. Candidates must be in the classroom before 1:30 pm and present their South Carolina Driver's Licenses. No one will be admitted after instructions have begun.

Candidates should dress in casual business attire. Weapons, manuals, beepers, cell phones, hats, jeans with holes, tank tops, short skirts, low cut tops, shirts with inappropriate messages, flip-flops, and shorts are **not** allowed.

All tests and retests must be completed within 60 days of the last day of the reserve training.

Candidates must be scheduled one week in advance. Agencies must notify the Standards Unit at 803-896-7843 prior to the test date when candidates are unable to attend.

Tests will be scored and notification **emailed** to Chiefs/Sheriffs/Agency Heads **and** Reserve Liaisons (listed on the Application for Approval as SC Reserve Department) within seven working days. Test scores will not be released via telephone or fax. It is vital that all departmental contacts be updated as necessary.

For a successful candidate, a Personnel Change in Status Hire Form must be completed and sent to Ms. Theresa Clark in the Certification Unit within 60 days of the test. This must be done prior to a reserve officer commencing his/her duties. Upon receipt of the hire form, Ms. Clark will contact the department with authorization to begin the reserve officer ride-along requirement within 15 working days.

In the event a candidate fails the test, one retest will be offered. The employing department's reserve liaison must contact the Standards Unit at 803-896-7843 to reschedule the test. This test must be taken within 60 days of the last day of the reserve training.

Candidates who fail the retest may apply to repeat the Reserve Officer Training in its entirety no sooner than one year from the date of the retest failure. Candidates who fail twice are not eligible to attend any Academy mandated training (Basic Law Enforcement, Basic Jail, or Limited Duty) or the Constable program for one year from the date of the retest failure.

## **Documentation Required Before Reserve Officers Can Begin Ride-Along Requirement**

For a candidate who successfully completes the reserve test, a Personnel Change in Status Hire Form must be completed and forwarded to Ms. Theresa Clark in the Certification Unit within 60 days of the test. This must be done **prior** to a reserve officer commencing his/her duties. Upon receipt of the hire form, Ms. Clark will contact the department with authorization to begin the reserve officer ride-along requirement within 15 working days.

Failure to complete and send in the Personnel Change in Status Hire Form may result in loss of a department's reserve status and the candidate may have to repeat the entire training process.

## **Miscellaneous Facts**

A reserve officer is a non-paid volunteer who assists a law enforcement agency in enforcing the laws of South Carolina. Reserve officers **cannot** be paid for road hours or administrative duties. However, S.C. Code 23-28-20(B) states, in part: "The chief, with the approval of the governing body, also shall allow for the compensation of reserve police officers for work done pursuant to Section 23-24-10 [Extra Duty] when compensation for approved public activities would be paid by a party other than the municipality or county. Reserve officers must be paid for approved public activities the same as off-duty police officers. Work performed for compensation must be in excess of the minimum logged service time required by Section 23-28-70 [20 hours per month/60 hours per 3 months]..." (Emphasis Added) No other compensation is allowed for under South Carolina state law.

Every reserve officer must be in proximate contact, by radio or another device, with the full-time class 1 officer to whom he/she is assigned at all times. **Reserve officers cannot supervise or direct activities of Class 1 or Class 3 law enforcement officers or other reserve officers.**

The number of reserve officers cannot exceed the number of regular full-time class 1 law enforcement officers of the department.

Reserve candidates and reserve officers must have a valid SC Driver's License and be a SC resident with a SC street address. A Post Office Box is not acceptable. There is no exception for military personnel.

Reserve officers must maintain a logged service time of 20 hours each month or 60 hours each quarter. Training hours and commuting time to and from duty do NOT count toward logged service time. Any service performed by a reserve officer for which compensation is received (e.g., providing security at athletic events, parades, or similar events) cannot be counted toward the required reserve logged service time of 20 hours each month or 60 hours each quarter.

A reserve officer who cannot meet the requirements for logged service time and monthly/annual training should be terminated until such time he/she is able to comply with the requirements. A PCS of Separation must be submitted to Certification. If a reserve officer is out over 1 year, he/she will require additional training to return. If out over 3 years he/she must complete entire reserve training program.

In-service training shall be held periodically but not less than once a month. Consecutive absences of more than three sessions may be grounds for dismissal. In-service training does not count towards logged service time requirement. Reserve officers and Constables are NOT allowed to attend classes taught at the Academy. They may attend Academy sponsored classes at local departments, but cannot be included on Academy registration forms or tested. The only exception is that Reserve officers may attend and test for RADAR, LIDAR, and SMD.

Annual training must include Legal Update, DV Update, Firearms Qualification, and Agency Policy Updates. Annual training does NOT count toward logged service time requirement.

Reserve officers must complete 240 duty hours with a certified class 1 officer before working alone.

Reserve officers who transfer to full time employment must complete all the requirements as set forth by law as appropriate for the class certification. For example, if a reserve officer is hired as a full time Class 1 law enforcement officer, he/she must complete the entire Basic Law Enforcement training program.

Class 3 officers who leave their position must complete the entire SC Reserve Officer Training Program and pass the examination in order to become a reserve officer.

Currently certified Class 3 officers cannot serve as reserve officers.

A reserve officer can only work for the agency to which he/she is assigned. Reserve officers can only work for one law enforcement agency at a time.

Individuals who work for a law enforcement agency in a **non-law enforcement capacity** may serve as reserve officers upon successful completion of the SC Reserve Officer Training Program and examination. They may **not** count regular work hours towards reserve logged service time of 20 hours each month or 60 hours each quarter.

Reserve status is not covered by military leave. The Department should separate the reserve officer from reserve status, unless he/she is able to continue doing in-service and logged service time each month. A separation of over one year is considered a break in service.

A PCS of Termination must be submitted when a reserve officer is no longer employed.

Any currently certified full-time class 1 law enforcement officer who leaves his/her position under honorable conditions (**except for reasons of disability**) may, within 12 months, at the request of the chief and with the concurrence of the SC Criminal Justice Academy, be issued a registration card identifying him/her as a member of the reserve. Any such officer shall not be required to undergo the preliminary training but shall be required to have a current physical exam. All certifications (except RADAR, LIDAR or SMD) obtained by a class 1 law enforcement officer will be withdrawn when the officer transfers to reserve officer status.

A Class 1 law enforcement officer who transfers to "reserve" status can remain in that status for a period of 3 years from the date of the separation from Class 1 law enforcement. During the 3 year period from the date of separation from Class 1 law enforcement, the officer could transfer back to Class 1 without additional training at the SC Criminal Justice Academy provided there is no break in service (one year or more) before or during this time. While in reserve status the officer must be in compliance at all times as a reserve officer (one in-service training per month and 20 road hours per month/60 road hours per quarter). Reserve officers can complete the same training as Class 1 law enforcement officers; however, this training would be maintained by the Agency, at the Agency and would not be reported to CJA on an MRN form during the time that the officer is in reserve status. This would, however, be helpful to the officer if he/she should decide to return to Class 1 Certification at some time during the three years. Should a reserve officer continue to train with the Class 1 law enforcement officers he/she **MUST** do some type of in-service training each month and his/her road hours. Questions regarding this type of transfer should be addressed to Theresa Clark at 803-896-7804 or [thclark@sccja.sc.gov](mailto:thclark@sccja.sc.gov).

## **Reserve Officers with a Break In Service**

### **Over one year but less than three years:**

1. Candidate must complete lines 1-21 and lines 32-37 on page 2 of the Application for South Carolina Reserve Officer Training Implementation. The Department must contact the Standards Unit (803-896-7843) **prior** to training the candidate and submit an Application for South Carolina Reserve Officer Training Implementation, along with a Reserve Candidate Attestation and Authorization to Release Form for each candidate attending the training. Once approved the training can be provided.
2. Upon completion of training, a Departmental Training Verification, Reserve Firearms, EVO and Local Ordinances/Policies Qualification and Training Verification Form and PPCT Proficiency Form (DT Instructor must sign sheet in all 3 areas or form will not be accepted) must be completed for each candidate. The forms should be mailed to Kathy Danielsen, CJA Standards Unit, 5400 Broad River Road, Columbia, SC 29212.
3. Upon receipt of the forms, the Standards Unit will schedule a test date to administer a 50 item, multiple choice examination. All testing must be completed within 60 days of the completion date of the training.
4. A Personnel Change in Status Hire Form must be submitted within 60 days of the test date for candidates who successfully complete the test. Please allow 15 working days to process paperwork.
5. Complete any additional paperwork required by the Certification Unit.
6. Candidate must have a current physical.

### **Three year break in service:**

Candidate must complete entire South Carolina Reserve Officer Training Program.

### **Transfer of Reserve Officer to Another Department**

In order for a reserve officer to transfer to another department, the department the reserve officer is leaving must submit a Personnel Change in Status Report of Separation/Termination Form indicating the date of resignation and that the reserve officer is in good standing with work hours and training.

**Note:** If the reserve officer is not in good standing with work hours and/or training, the department must indicate how long the reserve officer has not been in compliance. If the reserve officer has a break in service because of the noncompliance, additional training may be required.

The receiving department must furnish the following documentation:

1. Personnel Change in Status Hire Form for the new department.
2. Reserve Firearms, EVO and Local Ordinances/Policies Qualification and Training Verification Form indicating that the reserve officer has:
  - a. Qualified with firearm at the new department.
  - b. Completed 2 hours on the new department's Emergency Response Driving policy.
  - c. Completed 10 hours on the new department's Local Ordinances and Policies.
3. Complete any additional paperwork required by the Certification Unit.

## **Transfer of Basic or Advanced Constable to a Reserve Officer**

### **1. Basic Constables**

Effective immediately, in order for a basic constable to be a reserve officer, the basic constable must complete the **entire** SC Reserve Officer Training Program and pass the required examination.

In addition, the basic constable must:

- a. Surrender credentials to SLED in writing after passing the reserve examination. SLED must provide a letter to the Academy indicating that constable is in good standing.
- b. Complete any additional paperwork required by the Certification Unit.
- c. Have a current physical.
- d. Complete 240 hours of ride along with Department like a new reserve officer prior to riding alone.

### **2. Advanced Constables**

- a. Advanced Constables who were trained and tested as **Basic Constables prior to July 1, 2005**, must complete the **entire** SC Reserve Officer Training Program and pass the required examination.

In addition, the constable must surrender credentials to SLED in writing after passing the reserve examination. SLED must provide the Academy with a letter indicating that the constable is in good standing.

- b. For Advanced Constables who were trained and tested as **Basic Constables after June 30, 2005**, the following will be required:
  - (1) Constable must surrender credentials to SLED in writing.
  - (2) SLED must provide the Academy with a letter indicating that constable is in good standing.
  - (3) Department must complete a **Personnel Change in Status Hire Form**. Please allow 15 working days to process paperwork.
  - (4) Department must complete a **Reserve Candidate Attestation and Authorization to Release Form**.
  - (5) Department must complete a **Reserve Firearms, EVO and Local Ordinances/Policies Qualification and Training Verification Form** indicating that the constable has:
    - (a) Qualified with firearm at the department as a Reserve officer.
    - (b) Completed Emergency Vehicle Operations and Local Ordinances and Policies.
  - (6) Complete any additional paperwork required by the Certification Unit.
  - (7) Complete 240 hours of ride along with Department like a new reserve officer prior to riding alone.

## **When a Personnel Change in Status Report Form is Necessary**

Personnel Change in Status Report of Separation/Termination is required:

1. When a reserve officer is no longer appointed by your department for the following reasons:
  - a. Reserve officer voluntarily resigns. Indicate whether or not reserve officer was in compliance with training and work hours.
  - b. Termination due to involuntary separation (specify reason).
  - c. Termination due to disqualification (specify nature of disqualification).
  - d. Misconduct resulting in termination (specify reason).
2. When a class 1 law enforcement officer transfers to reserve status within your agency.
3. When a class 1 law enforcement officer voluntarily resigns (in good standing, except for reasons of disability) and is appointed please indicate on the form the date of transfer from class 1 law enforcement to reserve status.

**NOTE:** A class 1 law enforcement officer can remain a reservist up to three years. If the officer goes over three years and desires class 1 law enforcement certification, he/she must complete the entire Basic Law Enforcement Training program.

## **Maintaining Reserve Officer's Training File**

The following documentation **MUST** be kept in the reserve officer's training file at the employing department:

1. All documentation required by South Carolina law:
  - a. A photo copy of reserve officer's birth certificate.
  - b. High School diploma or GED certification.
  - c. Report of current medical exam, on CJA preplacement & medical history form, with physician attesting medically suitable for law enforcement employment.
  - d. Fingerprint card showing results of SLED and FBI identification fingerprint check. All charges must show a final disposition, plus whether it was a felony or misdemeanor.
  - e. Reserve officer must hold a valid/current SC Driver's License with no record for the past 5 years for suspension as a result of Driving Under the Influence of Alcoholic Beverages or Dangerous Drugs, Driving While Impaired, Reckless Homicide, Involuntary Manslaughter or Leaving the Scene of an Accident.
  - f. A background investigation, including a credit check, has been conducted, and the results are satisfactory.
  - g. A recent photograph.
  - h. A copy of Departmental Training Verification form and firearm qualification.
2. Copy of Personnel Change in Status Hire Form.
3. Time sheet: Hours Reserve Officer worked = 20 hours each month or 60 hours each quarter.
  - a. Duty time consists of:
    - (1) routine patrol and response activities,
    - (2) special events (non-paid), and
    - (3) administrative duties at law enforcement agencies.
  - b. Duty time does NOT consist of:
    - (1) training (monthly, annual, etc.),
    - (2) commuting to and from duty,
    - (3) or working in a paid non-law enforcement position, special events when paid, or at reserve officer's regular employment.
4. Copies of all training attended.
  - a. Annual training for reserve officers must include Legal Update, DV Update, Firearms Qualification, and Agency Policy Updates.
  - b. In-service training must be held periodically but not less than once a month.

For more information, contact Theresa Clark, Certification Unit, at (803) 896-7804 or [THClark@sccja.sc.gov](mailto:THClark@sccja.sc.gov).

## **Constables**

The Group 3 Constable Training Programs, both Basic and Advanced, are regulated by SLED.

Direct all questions regarding constables and requests for constable training or testing to Diana White, SLED Regulatory, at (803) 896-8666 or [dwhite@sled.sc.gov](mailto:dwhite@sled.sc.gov).



# South Carolina Criminal Justice Academy

*Certification & Compliance P.O.S.T. Letter*



**Date:**

**P.O.S.T. Director Name:**

**P.O.S.T. Agency Name:**

**Address:**

**City/State/Zip:**

**Re:**

**SSN:**

**DOB:**

Dear

The above referenced candidate has applied for certification as a law enforcement officer with  
(Police or Sheriff's Office) in South Carolina and presented documentation of training and certification  
from your state.

In support of the South Carolina Law Enforcement Training Act, Section 23-23-60, the state of South  
Carolina requests the following information from your state to process the candidate's application:

- On what date was the above named individual certified as a law enforcement officer in your state?  
\_\_\_\_\_
- Is he/she still serving as a law enforcement officer in your state, if not, when did he/she separate or  
terminate employment? \_\_\_\_\_
- Is he/she currently eligible to serve as a law enforcement officer in your state? \_\_\_\_\_
- Was he/she ever decertified as a law enforcement officer due to misconduct? \_\_\_\_\_

I certify that there is no reason to deny law enforcement certification in South Carolina.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete and return this form to the mailing address listed below. Your prompt response will allow  
the above candidate to begin his/her certification process. Please contact the Certification & Compliance  
Unit at (803)896-7802 if you should have any questions.

Sincerely,

Lewis J. Swindler, Jr.  
Director

**5400 Broad River Road, Columbia, South Carolina 29212-3540**  
Phone: (803) 896-7802 Fax: (803) 896-7803

Revised: 9/7/2016



## South Carolina Criminal Justice Academy



### REQUESTS FOR TRAINING REVIEWS INSTRUCTIONS FOR COMPLETION

Training Review requests will be conducted for **previously certified SC law enforcement officers** with no other coincidental and/or intermittent out of state law enforcement employment, military or federal training, service and/or employment. The hiring agency's authorized official must complete and submit the one-page TRAINING REVIEW REQUEST FORM and mail to Certification and Compliance or fax to 803-896-7803. The agency's request along with the officer's training file will be reviewed to determine training and certification, previous employment, breaks in law enforcement service, and in-service training requirements. Upon completion of the review, the agency will be notified of the candidate's eligibility and training requirement for certification.

Training Review requests will be conducted for **out of state candidates, and military/federal candidates** with prior law enforcement training, certification and employment. To make a request for out of state training review, an authorized official for the hiring agency must complete and submit the one-page TRAINING REVIEW REQUEST FORM along with the following required documentation prior to Registration:

- (1) Certificate of Completion (Basic Law Enforcement Training Course or Federal Training Course)
- (2) Curriculum/Syllabus showing hours and topics of training.
- (3) Indication that a POST letter has been requested from the out-of-state POST agency. In addition to the POST agency, if the candidate is still employed, also send a POST letter to the current employer.
- (4) Indication that a Letter of Good Standing has been requested for Federal/Military candidates.

Prior to a candidate's registration for training at the Academy, the Training Review Request Form along with the required documentation above should be mailed to: SCCJA, Certification and Compliance Unit, Attention: Kim Stevens, 5400 Broad River Road, Columbia, SC 29212 or fax to 803-896-7803, same attention.

Upon receipt of the complete Training Review package, an initial review will be conducted to determine eligibility and compliance in order for the training review to move forward for final recommendations by Certification & Compliance, Training Operations, and Standards, Special Operations, and authorized approval by the CJA Director. **All out of state candidates with less than one (1) year of law enforcement employment/experience or candidates with no law enforcement employment/experience will have to attend 12 weeks of basic training.**

**NOTE:** When requesting POST Letter information from other States you must include an "Authorization of Release" signed by the candidate authorizing release of personal information. Include a copy of the requested POST Letter in the package to CJA to show indication that information has been requested from the particular State POST Agency. If POST information is requested with no success of obtaining information from State POST agencies, you must submit a statement on agency letterhead, signed by the Chief, Sheriff or Director, stating multiple attempts to obtain credentials have been without success, along with confirmation that a thorough background investigation was conducted and no discrepancies were found to disqualify for South Carolina certification in accordance with the SC Law Enforcement Training Act.

Please allow up to 10 days for this review. Questions concerning Request for Training Reviews should be directed to Kim Stevens at 803-896-4399 or Jeffery R. Finch at 803-896-7805.