



# SCCJA POST-ACADEMY FIELD TRAINING



## ATTESTATION OF COMPLETION

Agency Name	
Officer's Name	
Officer's Academy ID	
SCCJA Certification/Graduation Date	
FTO Program Start Date	
FTO Program Completion Date	
Primary Field Training Officer Name	

**I attest that I have completed a minimum of four (4) weeks post-academy field training (following SCCJA certification) with my agency while accompanied by my field training officer(s).**

**I have been instructed in, and I understand all the items in the field training guide.**

\_\_\_\_\_  
OFFICER'S SIGNATURE

\_\_\_\_\_  
DATE

By signing below, I confirm and attest the above-named officer has successfully completed the mandated FTO Program for our agency pursuant to 23-23-85:

\_\_\_\_\_  
FIELD TRAINING OFFICER (PRIMARY)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FIELD TRAINING SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TRAINING DIVISION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENCY HEAD

\_\_\_\_\_  
DATE

**NOTE: This attestation of completion WILL be maintained in the agency-owned law enforcement officer's training file and made available for inspection to show compliance with SC Code of Laws 23-23-85. This training file will be maintained by the agency during and after the law enforcement officer's employment per SC records retentions laws.**