

Gulf Coast Criminal Justice Selection Center

http://www.gulfcoast.edu/north_bay/selection

Send all mail to:

Criminal Justice Selection Center
5230 West U.S. Highway 98
Panama City, FL 32401-1041

Phone: 850-769-1551 ext 5608
Fax: 850-873-3556
E-Mail: mdwyer@gulfcoast.edu

Our physical location:

North Bay Center
637 Highway 2300
Southport, FL

Office Hours: 8:00 – 4:00
Monday through Friday

Equivalency of Training (EOT) Application - Instructions

For law enforcement, correctional or correctional probation officers in another state, a federal agency or the military, or a former Florida officer with more than four years break in service, to obtain certification as an officer in Florida without first attending a full basic recruit academy in Florida, they must (1) successfully complete an **EOT Evaluation** showing that they attended sufficient basic training and were employed full time as an officer for at least 1 year in a job that ended no more than 8 years ago, and; (2) **Demonstrate proficiency** in certain high-liability physical skills (defensive tactics, firearms, medical first responder, and for law enforcement officers only - driving) at a Florida Criminal Justice Training Academy; and (3) pass the Florida **State Officer Certification Examination**. You must complete each step before progressing to the next. In order for us to evaluate your training and employment you must submit an application providing us with information, execute a waiver authorizing us to make inquiries, and pay a fee. We will then complete the evaluation. If you qualify, you will receive a Criminal Justice Standards and Training Commission (CJSTC) Form 76 by certified mail from us, showing your eligibility to proceed with the Proficiency Demonstration and the state examination. To allow enough time for the evaluation, submit your application well in advance of the date you intend to attend a review course or take the SOCE. (Please allow 4 to 6 weeks minimum for the evaluation step.) All information provided by applicants is subject to verification.

How To Apply:

ONE: Complete the **Equivalency of Training (EOT) Application**. To qualify, your employment records must establish that you were employed as a full-time (40 hours per week) sworn law enforcement officer (authorized to bear arms and make arrests), or correctional officer or correctional probation officer, either by working for a single agency for one full year, or for a cumulative twelve full months at two agencies within an eighteen-month period. Qualifying employment cannot include time spent in an academy, even if you were receiving pay while attending the academy. There cannot be more than an 8-year gap from the end of your most recent qualifying employment to the submission of your complete EOT Application. Employments that typically do not establish EOT qualification are seasonal, part-time, reserve (civilian or military), volunteers, military security forces, military vessel-boarding teams, etc. The application must be notarized. We verify all qualifications in writing. **Your employer will be contacted, no exceptions.**

TWO: Execute the waiver we need to verify your training and employment, FDLE “Authority For Release of Information” (CJSTC Form 58), included with this EOT Application. This waiver must also be notarized.

THREE: (Former Florida officers skip this step.) Attach all documentation (course outline **and** certificate of completion) showing that you completed training in all the required subjects listed below for your discipline (law enforcement, corrections or correctional probation). This training may be from your employer, an accredited college, or a certified state, local, or federal training academy.

Law Enforcement Comparable Training

- Law Enforcement Constitutional Law & Legal Issues
- Report Writing
- Interpersonal Skills
- Firearms
- Defensive Tactics
- First Aid or Equivalent
- Vehicle Operations
- Law enforcement Patrol
- Criminal Investigations
- Traffic Crash Investigations
- Traffic Control and Stops
- Crisis Intervention

Correctional Probation Comparable Training

- Parole/Probation Legal Issues
- Report Writing
- Interpersonal Skills
- Firearms Familiarization
- Defensive Tactics
- First Aid or Equivalent
- Probationer Supervision
- Caseload Management
- Information Systems Management

Correctional Comparable Training

- Correctional Legal Issues
- Report Writing
- Interpersonal Skills
- Firearms
- Defensive Tactics
- First Aid or Equivalent
- Correctional Facility Operations

FOUR: No Personal Checks Accepted. Enclose a money order or cashier's check for the non-refundable \$250.00 fee (out-of-state and federal officers) or \$50.00 fee (former Florida certified officers), made payable to:

Gulf Coast State College

FIVE: If submitting your application by mail, send it to:

**Criminal Justice Selection Center
5230 West U.S. Highway 98
Panama City, FL 32401-1058**

If you live in the Panama City area and wish to deliver your application in person, we are located at:

**North Bay Center
637 Highway 2300
Southport, Florida**

What Comes Next: When your evaluation is complete we will send you the CJSTC-76 form by certified mail if you qualify. You will then have **1 year from the date you receive that form** to demonstrate your proficiency in high liability subjects and pass the State Officer Certification Examination. We highly recommend that you consider taking a review course in conjunction with proficiency demonstration. If you fail to complete these requirements within the 1 year, if you still meet the requirement, you may apply again which will involve completing all of the paperwork and paying the evaluation fee again.

Gulf Coast State College no longer offers the Review Course. The closest academy to Panama City that offers the course is Chipola College Criminal Justice Training Center. The contact information is below:

**Chipola College
Criminal Justice Training Center
3094 Indian Circle
Marianna, FL 32446-1701
Telephone: 850-718-2479 E-Mail: andersons@chipola.edu**

Notice

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

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

FDLE has asked that you provide your social security number (SSN). The decision to provide your SSN is at your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose. FDLE's request for your SSN is authorized by state law because it is imperative for the performance of FDLE's duties and responsibilities pursuant to Section 119.071(5)(a)2.a.II, F.S.

Equivalency of Training (EOT) Application

Please read the accompanying three pages of instructions before you complete this application. You must also attach the CJSTC Form 58 "Authority For Release of Information" which is included with this application.

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

Name: _____
(Full - Last) (Full - First) (Full - Middle)

Social Security Number: _____ Date of Birth: _____

Race _____ Sex _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) - _____

E-Mail Address: _____

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

- Law Enforcement Officer Correctional Officer Correctional Probation Officer

(3) My qualifying full time employment as a law enforcement, correctional or correctional probation officer was with the following agency:

A. Full Agency Name: _____

Agency Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (____) _____

I was employed from _____ **to** _____ **as** _____
(mm/dd/yyyy) (mm/dd/yyyy) Position/Title

(3) Continued. If a second employer must be used to establish a cumulative one-year of fulltime employment within an eighteen-month period, please complete the following:

B. Full Agency Name: _____

Agency Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (____) _____

I was employed from _____ **to** _____ **as** _____
(mm/dd/yyyy) (mm/dd/yyyy) Position/Title

(4) Basic Training: I obtained my qualifying training in the subjects required for law enforcement, correctional or correctional probation officer at the following institution(s):

A. Full Name of the institution: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Class Number (If applicable):** _____
Course Title: _____
Dates Attended: _____ **To** _____
(mm/dd/yyyy) (mm/dd/yyyy)

B. Full Name of the institution: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Class Number (If applicable):** _____
Course Title: _____
Dates Attended: _____ **To** _____
(mm/dd/yyyy) (mm/dd/yyyy)

If you have any advanced training or college classes you think may assist you in being exempted, please include copies of your transcripts and/or certificates with this application.

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

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

(6) APPLICANT'S SIGNATURE and ACKNOWLEDGEMENTS

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

- (1) All the information I have provided in this application is true and correct.
- (2) I am claiming eligibility for the Equivalency of Training path to certification as a law enforcement, correctional or correctional probation officer in Florida because I meet all the basic training and full-time employment requirements.
- (3) I understand that an investigator will verify the information in this application and any omission or falsification of a material fact will result in rejection of this application, and may prevent my future certification or employment as a law enforcement or corrections officer in Florida.
- (4) I understand that there are other legal requirements in Florida Statutes, and the rules established by the Florida Criminal Justice Standards and Training Commission (CJSTC), related to proficiency demonstration, examination, citizenship, high school education, criminal history, character of military discharge, and moral character, etc.,

which must be established in a full background investigation by a hiring agency prior to my certification or employment as a law enforcement, correctional or correctional probation officer in Florida.

(Signature of Applicant)

AFFIDAVIT

State of _____ County of _____

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

Sworn to and subscribed before me this _____ day of _____, 20____. My commission expires on _____, 20____.

SEAL

Notary Public

Personally Known ____ -OR- Produced the following identification: _____



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**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**



**CJSTC
58**

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

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

AGENCY REQUESTING BACKGROUND INFORMATION: GULF COAST CRIMINAL JUSTICE SELECTION CENTER
ADDRESS: 5230 WEST U.S. HIGHWAY 98, PANAMA CITY, FL 32401-1058

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

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

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

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

GULF COAST CRIMINAL JUSTICE SELECTION CENTER, 5230 WEST U.S. HIGHWAY 98, PANAMA CITY, FL 32401-1058

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

Applicant's Signature _____
Date

Applicant's Address

AFFIDAVIT

STATE OF _____ COUNTY OF _____ The forgoing instrument was acknowledged before me this date _____

By: _____ who is personally known _____

or who has produced identification. Type of identification: _____

Notary's Signature _____
Print, type, or stamp Commissioned Name of Notary

Notary Seal: _____ . Upon witnessing the applicant signing of this affidavit, the notary public shall complete the notary block.