

# REMEDIAL TRAINING



STATE OF FLORIDA

DEPARTMENT OF JUVENILE JUSTICE

## OFFICER CERTIFICATION REMEDIAL TRAINING

*No later than the examination registration deadline, this form must be submitted for the candidate requesting reexamination. It must be forwarded to the Bureau of Staff Development and Training via e-mail or fax by the facility, regional or circuit trainer who conducted the remedial training.*

Candidate's Name: \_\_\_\_\_  
Last First MI

Candidate's Social Security Number: \_\_\_\_\_  
(Last 5 digits only)

Discipline:  JCO  JDO  JPO  PAR

Facility/Program Name: \_\_\_\_\_

Number of Hours of Completed: \_\_\_\_\_

Training Completion Date: \_\_\_\_\_

**I certify that the above information is true and accurate.**

\_\_\_\_\_  
Trainer's Name (Please print)

\_\_\_\_\_  
Trainer's Signature