



- Course Title:** Field Training Officer – 40 Hours  
Advanced Course #809
- Instructor(s):** Capt. Jose Sanchez – Winter Haven Police Department
- Date(s):** July 11, 2022 – July 15, 2022
- Time(s):** 12:00 PM – 9:00 PM (Monday – Friday)
- Location:** Polk State College - Center for Public Safety  
Kenneth C. Thompson Institute of Public Safety  
1251 Jim Keene Blvd  
Winter Haven, Florida 33880
- Cost:** Region 8 training funds will pay for Region 8 law enforcement and correctional officers as well as Region 8 support personnel (when seats are available). **Region 8 includes Polk, Hardee, Highlands, and Desoto counties.**  
Student applications from outside of Region 8 will be placed on a waiting list to fill any open seats not filled by Region 8 officers.
- Description:** This course is designed to introduce the criminal justice officer to all aspects of field training and evaluation programs modeled after the San Jose, California, Police Department program. Topics of instruction include: the role of the FTO program, components of a successful FTO program, roles and responsibilities of the FTO, core values and decision making, instructing the new officer, CMS basic recruit training, communication skills for the FTO, leadership and supervision, counseling, evaluation, the daily observation report, testing, and remedial training.

This course qualifies for **salary incentive** and **mandatory retraining**. Only courses selected for salary incentive, with the following exceptions, will be entered into FDLE's ATMS: all instructor courses, Breath Test Operator, Breath Test Operator Refresher, Agency Inspector, Agency Inspector Refresher, and Canine Team Training

Kenneth C. Thompson Institute of Public Safety  
at Polk State College Center for Public Safety  
1251 Jim Keene Blvd  
Winter Haven, FL 33880  
(863) 297-1030 ext.  
(863) 297-1045 fax  
[www.polk.edu/ips](http://www.polk.edu/ips)

**POLK STATE COLLEGE**  
**KENNETH C. THOMPSON INSTITUTE OF PUBLIC SAFETY**  
**Training Authorization & Advanced/Specialized Course Registration**

**Student Authorization (Formerly CJSTC 15A)**

**Student Registration**

Student Name: \_\_\_\_\_  
(Last Name) (First Name) (FULL Middle Name) (Sr, Jr, etc)

Student SS#: \_\_\_\_\_ Student email: \_\_\_\_\_

Supervisor/email \_\_\_\_\_

**Check one:** Law Enforcement  Corrections  Correctional Probation  Civilian

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

Agency Address: \_\_\_\_\_  
(Street) (city) (state) (zip)

|   |  |   |
|---|--|---|
| <b>Date of Birth</b><br><br><b>MM / DD / YYYY</b> | <b>Gender</b><br><br><input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Telephone Numbers</b><br><br>Preferred:<br><br>Work: |
|---|--|---|

Race (Required by the U.S. Office of Education Title VI Civil Rights Act of 1964)

|   |   |  |
|---|---|--|
| <input type="checkbox"/> White (Non-Hispanic) | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Black (Non-Hispanic) | <input type="checkbox"/> Hispanic               |  |

**Note: Form MUST be completed in its entirety or the officer WILL NOT be registered. Ensure that you are using the most current form for this class.** These forms are pre-filled for specific classes and located with the course announcement online <https://www.polk.edu/ips>.

**Officers/Civilians in Region 8 are at \$0.00 fee. Officers/Civilians outside of Region 8 will be placed on a waiting list to fill any open seats not taken by Region 8 officers. Only courses selected for salary incentive will be entered into FDLE's ATMS, with the following exceptions: Instructor courses, Breath Test Operator/ Refresher, Agency Inspector / Refresher, and Canine Team Training.**

| Course # | Course Title | Dates | Time | Location                 |
|----------|--------------|-------|------|--------------------------|
|          |              |       |      | Center for Public Safety |

**Course Credit (Check One):** Salary Incentive  Mandatory Retraining

Neither  (support personnel/civilians only)

Authorized Agency Representative (please print): \_\_\_\_\_

Authorized Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_