



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

EMERGENCY TELECOMMUNICATOR EIGHT (8) HOUR FIELD OBSERVATION

Applicant's Name _____

Applicant's Agency/Dept. _____

Type (Check All That Apply)	Date	Field Training Officer (Please Print or Type in Ink)
<input type="checkbox"/> Law Enforcement		
<input type="checkbox"/> Fire Service		
<input type="checkbox"/> Emergency Medical		

I, the undersigned, do hereby certify that the applicant named above has successfully completed the eight (8) hour field observation (ride-along) training as part of the requirements for becoming a Mississippi Certified Emergency Telecommunicator. Further, I swear or affirm that the aforementioned information is true and correct. (Section 97-7-10 of MCA provides for up to five years in jail and/or a fine of up to \$10,000 for making fraudulent statements or representations to a board or commission.)

Must be signed by the Agency Head

Month/Day/Year