

# **Equivalency of Training Candidate Packet**



## **INDIAN RIVER STATE COLLEGE CRIMINAL JUSTICE INSTITUTE**

**The Selection Center**  
IRSC Criminal Justice Institute  
4600 Kirby Loop Road  
Fort Pierce, FL 334981  
772.462.7151 O  
772.462.7959 F  
[ppacheco@irsc.edu](mailto:ppacheco@irsc.edu)

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## EOT PROGRAM OVERVIEW, PURPOSE, AND ELIGIBILITY

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### **Purpose:**

The purpose of the Equivalency of Training (EOT) Program is to obtain certification as an officer in Florida without first attending (or re-attending) a full basic recruit academy in the State of Florida.

### **Eligibility for EOT Assessment:**

- Law enforcement, correctional or correctional probation officers from another state, a federal agency, or the military who are either active or have less than an eight-year break in service.
- A former Florida law enforcement, correctional, or correctional probation officer with more than a four-year break in service, but less than an eight-year break in service.

### **Indian River State College EOT Program Eligibility Steps:**

(You must complete each step before progressing to the next.)

1. Successfully complete an EOT Application & Assessment showing completion of sufficient basic training and full-time employment as an officer for at least one (1) year in a job that ended no more than 8 years ago, and;
2. Demonstrate proficiency in the following high-liability physical skills at the Indian River State College, Criminal Justice Institute:
  - a. Defensive Tactics
  - b. Firearms
  - c. First Aid
  - d. Vehicle Operations (law enforcement only)
3. Pass the Florida State Officer Certification Examination (SOCE).

## EOT PROGRAM QUALIFICATION

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To determine if you qualify, your training and employment history must be evaluated by IRSC, Criminal Justice Institute personnel. In order for us to evaluate your training and employment, you must:

- Pay the designated EOT application fee
  - Submit an application providing us with requested information: CJSTC 58 form, agency pay stubs (or W2), agency employment letter, academy curriculum, and academy certificate.
  - Execute a waiver authorizing us to make inquiries
-

**If you qualify:**

We will send you a Criminal Justice Standards and Training Commission (CJSTC) Form 76, for which you must show your eligibility to proceed with the Proficiency Demonstration and the SOCE. To allow enough time for the evaluation, submit your application well in advance of the date you intend to take the SOCE. WE recommend you allow 4 to 6 weeks for the assessment step. *All information provided by applicants is subject to verification.*

**Send all mail to:**  
**The Selection Center**  
**Indian River State College**  
Criminal Justice Institute  
3209 Virginia Ave  
Fort Pierce, FL 334981  
772.462.7151 O  
772.462.7959 F

## HOW TO APPLY TO THE INDIAN RIVER STATE COLLEGE EOT PROGRAM

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To apply for the EOT Program at Indian River State College, Criminal Justice Institute, you must do the following:

1. Complete the Equivalency of Training (EOT) Application.

To qualify, your employment records must establish that you were employed as a full-time (i.e., at least 40 hours per week) sworn law enforcement officer (authorized to bear arms and make arrests), correctional officer, or correctional probation officer, either by working for a single agency for one (1) full year, or for a cumulative twelve (12) 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.

Positions that are seasonal, part-time, reserve (civilian or military), volunteer, military security forces, military vessel-boarding teams, etc., typically do not qualify for the EOT Program.

The application must be notarized. **We verify all qualifications in writing.** Your former (or present) criminal justice employer will be contacted. No exceptions.

2. Complete the *Authorization for Release of Information From* (CJSTC Form 58) and submit as part of your application. **This waiver must also be notarized.**

3. Attach applicable documentation. (*In-state candidates may skip this step*)

Attach all documentation (course outlines and certificate of completions) 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.

<b>Law Enforcement Comparable Training</b>	<b>Corrections Comparable Training</b>	<b>Correctional Probation Comparable Training</b>
<input type="checkbox"/> Legal	<input type="checkbox"/> Legal	<input type="checkbox"/> Legal
<input type="checkbox"/> Communications	<input type="checkbox"/> Communications	<input type="checkbox"/> Investigations
<input type="checkbox"/> Human Issues	<input type="checkbox"/> Officer Safety	<input type="checkbox"/> Interpersonal
<input type="checkbox"/> Patrol	<input type="checkbox"/> Facility and Equipment	Communication Skills
<input type="checkbox"/> Criminal Investigations	<input type="checkbox"/> Intake and Release	<input type="checkbox"/> Management
<input type="checkbox"/> Traffic Stops	<input type="checkbox"/> Supervising in	Information System
<input type="checkbox"/> Traffic Crash	Correctional Facility	<input type="checkbox"/> Caseload Management
<input type="checkbox"/> Investigations	<input type="checkbox"/> Supervising Special	<input type="checkbox"/> First Aid or Equivalent
<input type="checkbox"/> Vehicle Operations	Populations	<input type="checkbox"/> Supervision
<input type="checkbox"/> First Aid or Equivalent	<input type="checkbox"/> Responding to Incidents	<input type="checkbox"/> Defensive Tactics
<input type="checkbox"/> Firearms	and Emergencies	
<input type="checkbox"/> Defensive Tactics	<input type="checkbox"/> First Aid or Equivalent	
	<input type="checkbox"/> Firearms	
	<input type="checkbox"/> Defensive Tactics	

4. Pay the application fee:

- \$100.00 (In-state Florida certified officers), **OR**
- \$100.00 (Out-of-state w/approved CJSTC 76 form)
- \$350.00 (Out-of-state certified officers, federal officers, or military)

All payments may be made on-line.

If you are mailing in your application, please enclose your on-line receipt for the applicable application fee listed above. Please send your packet to:

Send all mail to:  
The Selection Center  
Indian River State College  
Criminal Justice Institute  
3209 Virginia Ave  
Fort Pierce, FL 334981

If you would like to submit your application in person, please visit us at: 4600 Kirby Loop Road Fort Pierce, FL 34981. Our office hours are Monday – Thursday, 8:30 AM to 5:00 PM; We are located on the 1<sup>st</sup> floor in Building PS1.

## EOT PROGRAM ACCEPTANCE

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Once you have been accepted into the program and received your Form 76, you will then have **one (1) year from the date you receive that form** to demonstrate your proficiency in high liability subjects and pass the State Officer Certification Examination (SOCE).

If you fail to complete these requirements within the one (1) year, you may apply for another exemption from training, but you must be eligible pursuant to Chapter 943.131(2), F.S. at the time of application. You may be required to complete the full basic training academy to become certified, or in the case of former Florida officers, to become re-certified. To help mitigate this risk, the Indian River State College, Criminal Justice Institute offers the SOCE Workshop as a part of the Equivalency of Training (EOT) demonstrations of proficiency.

# Criminal Justice Institute Selection Center

## Equivalency of Training Application



**DO NOT E-MAIL THIS FORM!** You may fill the form out on-line but must print it & mail or carry it to our offices.

I am seeking Equivalency of Training for (check one) ☐ Law Enforcement ☐ Corrections ☐ Corrections Probation Officer

**Please read the accompanying instructions before you complete this application. You must also attach FDLE Form CJSTC 58 "Authority For Release of Information" and the appropriate fee, money order or certified check only.**

SSN  Your SSN is required by FDLE. **DO NOT SEND THIS FORM VIA E-MAIL!!** ☐ Check if you have applied for EOT anywhere else in Florida. Where?

Last Name  First Name  Middle

Street Address  Apt. #

City  State  Zip Code

Race  Sex  D.O.B.  mm/dd/yy  These items are required by FDLE. **DO NOT SEND THIS FORM VIA E-MAIL!!**

Home Phone Number  Mobile  Other Phone

E-mail  Original Certification ☐

**My qualifying full-time employment as a law enforcement or corrections officer, which ended no more than 8-years prior to this application, was at the following agency:**

Full Agency Name:  Your Position/Title:

Street Address  Attention (Person or Unit):

City  State  Zip Code

Phone Number  Employed from:  Until:  ☐ Still Employed

**If a second employer must be used to establish a cumulative one-year of full-time employment within an eighteen-month period, please complete the following:**

Full Agency Name:  Your Position/Title:

Street Address  Attention (Person or Unit):

City  State  Zip Code

Phone Number  Employed from:  Until:

**The basic training that establishes my qualifications for this application may be verified at the following institution(s):**

Full name of Institution <input type="text"/>			
Street Address <input type="text"/>		Attention (Person or Unit): <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	
Phone Number <input type="text"/>	FAX Number <input type="text"/>		
Your Class # <input type="text"/>	Attended from: <input type="text"/>	Until: <input type="text"/>	

Second institution, if applicable:

Full name of Institution <input type="text"/>			
Street Address <input type="text"/>		Attention (Person or Unit): <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	
Phone Number <input type="text"/>	FAX Number <input type="text"/>		
Your Class # <input type="text"/>	Attended from: <input type="text"/>	Until: <input type="text"/>	

**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 or corrections 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 that 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 or corrections officer in Florida.
- (5) Travel arrangements shall not be made until official notification from the Criminal Justice Institute has been received by the Director of the Criminal Justice Institute.

\_\_\_\_\_  
Signature of Applicant

**AFFIDAVIT**

State of \_\_\_\_\_ County of \_\_\_\_\_

Before me appeared \_\_\_\_\_ by means of Physical Presence ☐ OR ☐ Online Notarization Identification, 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\_\_\_\_.

Personally Known \_\_\_\_\_ -OR- Produced the following identification: \_\_\_\_\_





Florida Department of  
Law Enforcement

AUTHORITY FOR RELEASE  
OF INFORMATION  
(Background Investigation Waiver)

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



CJSTC  
58

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: IRSC Criminal Justice Institute Selection Center

ADDRESS: 3209 Virginia Avenue Fort Pierce, FL 34981

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:

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 \_\_\_\_\_

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐ this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_. By \_\_\_\_\_

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned name of  
Notary Public



Personally Known OR Produced

Identification Type of Identification Produced \_\_\_\_\_

Effective: 8/9/2001 Pursuant to Original – Employing Agency  
Sections 943.134(2)(a) and (4), F.S.  
Oath amended pursuant to Section 117.05(13)(a), F.S., effective 1/1/2020

1 of 1

Commission-Approved Revisions: 12/16/10  
Form Effective Date: 3/2013



**THE SELECTION CENTER**  
Indian River State College  
Criminal Justice Institute  
(772) 462-7943  
ppacheco@irsc.edu

# PAYMENT FORM EOT APPLICATION

## Instructions

- ^ Turn completed form into the Selection Center.
  - o Location: 4600 Kirby Loop Road, Fort Pierce, FL 34981
  - o Telephone: (772) 462-7975
  - o Hours: Mon—Thurs 8:00 A.M.—5:00 P.M.
- ^ *Attach a copy of the receipt of payment to your EOT application.*

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ (mm/dd/yyyy)

**Last Four Digits of  
SSN:** \_\_\_\_\_

**Payment Type:** \_\_\_\_\_ EOT Application – In State (\$100.00)  
**(Please check one)** \_\_\_\_\_ EOT Application – Out of State w/approved CJSTC 76 form (\$100.00)\*  
\_\_\_\_\_ EOT Application – Out of State (\$350.00)

I, \_\_\_\_\_, understand the following:

- The Equivalency of Training (EOT) Application fee **must** be paid prior to the submission of the completed Equivalency of Training (EOT) Application and subsequent documents.
- Payment receipt must be attached to EOT at time of application submission.
- Payment must be made on-line
- All payments are **non-refundable and non-transferable.**

Candidate Signature: \_\_\_\_\_

## EOT APPLICATION SELECTION CENTER

FUND	Account Number	Function Code	Revenue Cat. Mis. Revenue
6	60470100	96210.15	48900

Payment Receipt #: \_\_\_\_\_

For questions, contact  
The Selection Center  
772-462-7975 or [dlefont@irsc.edu](mailto:dlefont@irsc.edu)

\* Out-of-state candidates who have an approved CJSTC 76 form from another Selection Center, are only required to pay a \$100.00 processing fee. If the CJSTC 76 form cannot be verified, an additional fee will be assessed before acceptance into the program.