



NON-CERTIFIED CONDITIONAL OFFICER TRAINING REQUIREMENTS



Officer Name: _____ Agency: _____

Use of Force: 24 Hours

- Defensive Tactics Hours
Arrest Control Hours
Handcuffing Hours
Pat Down Hours
Complete Searches Hours

Instructor Name (printed)

Four horizontal lines for entering instructor names.

Firearms: 16 Hours

- Training Completed
Passed approved Handgun Qualification Course

Instructor Name (printed)

Two horizontal lines for entering instructor names.

Arrest/Search and Seizure: 12 Hours

- 4th Amendment Hours
5th Amendment Hours
Remaining training hours completed

Instructor Name (printed)

Three horizontal lines for entering instructor names.

De-Escalation: 8 Hours

- Training Completed

Instructor Name (printed)

One horizontal line for entering instructor name.

Mental Health Crisis: 8 Hours

- Training Completed

Instructor Name (printed)

One horizontal line for entering instructor name.

Anti-Bias and Implicit Bias: 8 Hours

- Training Completed

Instructor Name (printed)

One horizontal line for entering instructor name.

Substance Abuse: 4 Hours

- Training Completed

Instructor Name (printed)

One horizontal line for entering instructor name.

I certify that I am the agency head or designee authorized to sign this document. The training listed above has been completed as per LB-51.

Printed Name and Title

Signature

Date