



# NON-CERTIFIED CONDITIONAL OFFICER TRAINING REQUIREMENTS



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

## Use of Force: 24 Hours

<input type="checkbox"/> Defensive Tactics	<input type="checkbox"/> Hours
<input type="checkbox"/> Arrest Control	<input type="checkbox"/> Hours
<input type="checkbox"/> Handcuffing	<input type="checkbox"/> Hours
<input type="checkbox"/> Pat Down	<input type="checkbox"/> Hours
<input type="checkbox"/> Complete Searches	<input type="checkbox"/> Hours

Instructor Name (printed)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Firearms: 16 Hours

<input type="checkbox"/> Training Completed
<input type="checkbox"/> Passed approved Handgun Qualification Course

Instructor Name (printed)

\_\_\_\_\_  
\_\_\_\_\_

## Arrest/Search and Seizure: 12 Hours

<input type="checkbox"/> 4 <sup>th</sup> Amendment	<input type="checkbox"/> Hours
<input type="checkbox"/> 5 <sup>th</sup> Amendment	<input type="checkbox"/> Hours
<input type="checkbox"/> Remaining training hours completed	

Instructor Name (printed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## De-Escalation: 8 Hours

<input type="checkbox"/> Training Completed
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Instructor Name (printed)

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## Mental Health Crisis: 8 Hours

<input type="checkbox"/> Training Completed
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Instructor Name (printed)

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## Anti-Bias and Implicit Bias: 8 Hours

<input type="checkbox"/> Training Completed
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Instructor Name (printed)

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## Substance Abuse: 4 Hours

<input type="checkbox"/> Training Completed
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Instructor Name (printed)

\_\_\_\_\_

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