



**NON-CERTIFIED CONDITIONAL OFFICER  
TRAINING REQUIREMENTS**



**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**

Training Completed

Passed approved Handgun Qualification Course

**Instructor Name (printed)**

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**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)**

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**De-Escalation: 8 Hours**

Training Completed

**Instructor Name (printed)**

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**Mental Health Crisis: 8 Hours**

Training Completed

**Instructor Name (printed)**

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**Anti-Bias and Implicit Bias: 8 Hours**

Training Completed

**Instructor Name (printed)**

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**Substance Abuse: 4 Hours**

Training Completed

**Instructor Name (printed)**

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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