

Agency: _____

BASIC COURSE FOR BCPO LAW ENFORCEMENT OFFICERS

TRAINEE NAME: _____ SOCIAL SECURITY NUMBER: _____ Agency: _____

Performance Objectives	Instructor Name (Print)	Initials (Sign)	Performance Objectives	Instructor Name (Print)	Initials (Sign)	Performance Objectives	Instructor Name (Print)	Initials (Sign)
15.1.1			15.1.31			15.1.57		
15.1.2			15.1.32			15.1.58		
15.1.3			15.1.33			15.1.59		
15.1.4			15.1.34			15.1.60		
15.1.5			15.1.35			15.1.61		
15.1.6			15.1.36			15.1.62		
15.1.7			15.1.37			15.1.63		
15.1.8			15.1.38			15.1.64		
15.1.9			15.1.39			15.1.65		
15.1.10			15.1.40			15.1.66		
15.1.11			15.1.41			15.1.67		
15.1.12			15.1.42			15.1.68		
15.1.13			15.1.43					
15.1.14			15.1.44			15.1.70		
15.1.15			15.1.45			15.1.71		
15.1.16			15.1.46			15.1.72		
			15.1.47			15.1.73		
15.1.23A			15.1.48			15.1.74		
15.1.23B			15.1.49			15.1.75		
15.1.24			15.1.50			15.1.76		
15.1.25			15.1.51			15.1.77		
15.1.26			15.1.52					
15.1.27			15.1.53					
15.1.28			15.1.54					
15.1.29			15.1.55					
15.1.30			15.1.50					

I certify that this record is complete, and that all performance objectives have been taught.

 Agency CEO -Printed Name Signature Rank/Title Date