



PRE-BASIC TRAINING COURSE AFFIDAVIT OF COMPLETION

State Form 47949 (R8 / 1-19)

LAW ENFORCEMENT TRAINING BOARD

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

INSTRUCTIONS:

1. The trainee should retain the original affidavit, submit one copy to be placed in the department files, and mail one copy to: Executive Director, Law Enforcement Training Board, P.O. Box 313, Plainfield, Indiana 46168-0313.
2. The Law Enforcement Training Board (LETB) will not verify completion of the pre-basic course unless a copy of this affidavit has been fully completed and submitted to the LETB. Affidavit of Completion must be submitted fourteen (14) days upon completion of the course. The previous Certificate of Completion, State Form 46282, is obsolete and will not be accepted by the LETB.
3. By completing the pre-basic primary instructor portion of this affidavit, the primary instructor verifies that the trainee named has completed the academic portion of the course and received a minimum score of 75% on the written examination.
4. By completing the firearms instructor portion of this affidavit, the firearms instructor verifies that he/she has witnessed the trainee successfully complete the LETB's current Course of Fire qualification requirements including time restrictions, position requirement, and safety.
5. By completing the physical tactics portion of this affidavit, the physical tactics instructor verifies that the trainee has successfully completed a minimum of eight hours of physical tactics instruction.
6. If a trainee does not complete the entire course within a period of sixty (60) days, the entire course must be repeated.
7. If a trainee is not hired or appointed by a department within two years of completing this course, the Academy recommends repeating the course.
8. A training site may issue a separate certificate in addition to completing this affidavit.
9. Completion of the pre-basic course authorizes newly hired officers to exercise police powers for one year from the original appointment date, not from the date of completing the course.
10. A reserve officer may exercise police powers, subject to the rules of the department, when the pre-basic course and the department training course have been satisfactorily completed.

TRAINEE INFORMATION			
Last name	First name	Middle name	Jr., Sr., etc.
Date of birth (month, day, year)	Social Security Number *	Name of department	
City	County	Status of trainee	<input type="checkbox"/> Full-time police <input type="checkbox"/> Reserve police <input type="checkbox"/> Part-time police <input type="checkbox"/> Non-police
I swear / affirm that the information contained on this affidavit is correct and that I have attended the entire pre-basic course and successfully completed all testing requirements including the firearms qualification requirement.			
Signature of trainee			Date (month, day, year)

PRIMARY INSTRUCTOR			
Last name	First name	Middle name	
Instructor number	Pre-basic training site	Date completed (month, day, year)	Exam score (percentage)
I swear / affirm that the above named trainee has completed the academic portion of the pre-basic program and obtained a minimum score of 75% on the written examination.			
Signature of instructor			Date (month, day, year)

FIREARMS INSTRUCTOR		
ENTER THE ACTUAL FIREARMS SCORE - do not record a percentage or "Pass" in the score box.		
Last name	First name	Middle name
Instructor number	Date qualified (month, day, year)	Numerical score
I swear / affirm that the above named trainee has successfully completed the Law Enforcement Training Board Course of Fire.		
Signature of instructor		Date (month, day, year)

PHYSICAL TACTICS INSTRUCTOR			
Last name	First name	Middle name	
Instructor number	Name of department	Number of hours	Date (month, day, year)
I swear / affirm that the above named trainee has successfully completed eight hours of training in Physical Tactics.			
Signature of instructor			Date (month, day, year)

DISTRIBUTION: Original - trainee; Copy 1 - Department files; Copy 2 - Executive Director, LETB