



Equivalency Review Request

Field Training Manual

F37

Revised
10/9/23

Email: certification.scheduling@dpsst.oregon.gov; Mail: 4190 Aumsville Hwy SE; Salem, OR 97317
Questions? Call DPSST at 503-378-4411 or email certification.scheduling@dpsst.oregon.gov

Instructions	<p>DPSST may approve an agency's Field Training Manual (FTM) as equivalent to the board-approved Field Training Manual for a specific discipline.</p> <p>To request Equivalency Review:</p> <ol style="list-style-type: none"> 1. Print the appropriate DPSST Field Training manual from the CJ Forms Page. Indicate next to each topic area where that specific topic is located in your Agency Field Training Manual. (This document is referred to as the Cross Referenced DPSST FTM) 2. Complete this Form (F37). 3. Submit the F37, Cross Referenced DPSST FTM and your Agency FTM to DPSST via email at schedulecert@state.or.us. Retain a copy for your records. 4. Once approved, DPSST will issue a unique FTM Identification number that must be used to report field training on the F38 DPSST Approved Equivalent Field Training Completion Record. <p>Changes to the Field Training Manual.</p> <p>At any time there are changes to either the approved equivalent FTM or DPSST Board approved FTM, the agency must request a review of their Field Training Manual following the above process. Once approved, a new FTM Identification number will be issued.</p>																			
	Requester	<table border="1"> <tr> <td>Agency:</td> <td colspan="4"></td> </tr> <tr> <td>Contact Name:</td> <td colspan="4"></td> </tr> <tr> <td>Phone:</td> <td></td> <td>Email:</td> <td colspan="2"></td> </tr> </table>					Agency:					Contact Name:					Phone:		Email:	
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FTM	<table border="1"> <tr> <td>FTM:</td> <td>Police</td> <td>Corrections</td> <td>Parole and Probation</td> <td>Telecommunications</td> <td>Emergency Medical Dispatch</td> </tr> </table>	FTM:	Police	Corrections	Parole and Probation	Telecommunications	Emergency Medical Dispatch													
FTM:	Police	Corrections	Parole and Probation	Telecommunications	Emergency Medical Dispatch															
Signatures	<p>I attest that I am the Department Head or hold DPSST Certification and am authorized by the Department Head to sign below. I confirm the information contained in this form, the Agency Field Training Manual, and the DPSST Cross-reference FTM are true and accurate. I request DPSST approve the Field Training Manual as Equivalent to the Board-approved DPSST Field Training Manual. If certified by DPSST, I understand that falsification of this document makes my certification(s) subject to denial, suspension or revocation under ORS 181A.640 and OAR 259-008-0300.</p> <p>Signature _____ Date _____</p> <p>Printed Name _____ Title _____ DPSST No. _____</p> <p>Email Address _____ Phone _____</p>																			
DPSST Use	<table border="1"> <tr> <td>FTM Reviewed by:</td> <td>FTM approved Equivalent By/Date:</td> <td>Equivalent ID Number:</td> </tr> </table>					FTM Reviewed by:	FTM approved Equivalent By/Date:	Equivalent ID Number:												
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