

## Equivalency of Training For Law Enforcement

Date(s): **December 1 – 10 , 2025**  
 (72 hours) Law Enforcement  
 (30 hours) Corrections

Location: SJR State Criminal Justice Training Center - St. Augustine Campus  
 2990 College Drive, St, Augustine, FL 32084  
 Room J-108

|          |                             |                    |
|----------|-----------------------------|--------------------|
| Time(s): | <b>December 1 - 2</b>       | <b>0800 - 1700</b> |
|          | <b>December 3 - 4</b>       | <b>1100 – 2000</b> |
|          | <b>December 5 -8 -9 -10</b> | <b>0800 - 1700</b> |

Cost: **\$1,000.00** per person for **Law Enforcement Course**  
**\$500.00** per person for **Corrections Course (3 days)**

**Payment must be made on the first day of class**  
**(Check, Cash or Visa or Master Card)**

DRESS CODE: Business Casual (No flip-flops, shorts, blue jeans or T-shirts)  
 Details of additional attire will be announced on first day of class

**\*\*\*\*Must submit a completed FDLE Equivalency of Training Form 76 to be accepted into the class. Please scan it to joannbeal@sjrstate.edu\*\*\*\***

**Please complete the information at the bottom of this page, and go to our website [sjrstate.edu](http://sjrstate.edu) click Criminal Justice, click Equivalency of Training, complete all forms and scan them**

Ms. Beal Workforce Assistant  
[joannbeal@sjrstate.edu](mailto:joannbeal@sjrstate.edu)  
 Criminal Justice Center – SJR State  
 2990 College Drive St. Augustine, FL 32084  
 (904) 808-7491

**Deadline for pre-registration: October 31, 2025**

- Class is limited to 15 participants
- Must pass proficiency testing in High Liability areas (Defensive Tactics, Firearms, First Aid, \*Vehicle Operations)
- A certificate of attendance and a **CJSTC Form 76A** will be issued following successful completion of the course

**Some of the topics to be covered:**

- Review of Florida Statutes and Rules
- High Liability practicum (Defensive Tactics, Firearms, First Aid,\*Vehicle Operations)  
 State Officer Certification Exam preparation

**Please print clearly the following information:**

Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_