



Request for Basic Telecommunicator Call Receiver or Law Enforcement/Fire Dispatcher Equivalency Testing

**WASHINGTON STATE CRIMINAL JUSTICE
TRAINING COMMISSION**
19010 1ST AVE S
BURIEN, WA 98148-2055
Phone: (206) 835-7300
Fax: (206) 835-7959

PURPOSE: The equivalency process for the voluntary telecommunicator training standard recognizes an applicant's previous certification in any other state, formal college education or PSAP classroom training by providing to that applicant an opportunity to "challenge" the Training Commission's two Basic Telecommunicator training course certification exams, Telecommunicator I – Basic Call Receiver and Telecommunicator II- Basic Law Enforcement and Fire Dispatcher, through a process of written examinations.

ELIGIBILITY: Unless otherwise waived, eligibility to participate in the equivalency process is limited to any full-time or part-time call receiver or law enforcement or Fire/EMS dispatcher that has been certified previously through successful completion of an **approved** basic law enforcement **and** fire telecommunicator training program for this or any state; has completed a college program with not less than 40 classroom hours each, call receiver training, law enforcement and fire dispatcher training, with proof of successful completion and passing grade; has completed an in-house training program from a PSAP within Washington State that consists of successful completion of not less than 40 hours of classroom call receiver training and 40 hours of classroom law enforcement and fire dispatcher training.

IMPORTANT: One of the prerequisites described above must be met and this application submitted before an equivalency examination will be given. *The decision to request equivalency certification is discretionary with the employing agency director who may require that a telecommunicator, even though previously certified, attend and successfully complete the Training Commission's Basic Telecommunicator training programs.*

Name of Applicant (Last)		(First)		(Middle)	
Current Agency		Email Address		Date of Hire	
Rank/Position					
Social Security Number - -		Date of Birth		Priority Status (If submitting more than one name)	
		Male <input type="checkbox"/>		Female <input type="checkbox"/>	
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Race (<i>check only one</i>)			Education (<i>check only one</i>)		
<input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> No Response <input type="checkbox"/> Other (<i>specify</i>) _____			<input type="checkbox"/> Less Than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters <input type="checkbox"/> No Response <input type="checkbox"/> Other (<i>specify</i>) _____		
Name of Academy or Basic Program Completed:				Number of Academy Hours	
				Call Receiver: Law/Fire Dispatch	
Location: (City)		(State)		Date of Certification or College Course Completion	
Certificate of Successful Completion-Other State or College Program (<i>attach copy of certificate or transcript</i>)			In-house Academy/Program Curriculum		
<input type="checkbox"/> Yes (<i>attach copy</i>) <input type="checkbox"/> No (<i>explain</i>)			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Name of training coordinator</i>		
(Print) Name of Agency Head			Name of Agency		
(Signature) Agency Head			Agency Address		
Date			Agency Phone No.		
CJTC USE ONLY <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pending _____			_____ CJTC Authorizing Signature Date		
Date of exam: T1 P/F			Date of certificate: T1:		
Date of exam: T2 P/F			Date of certificate T2:		