

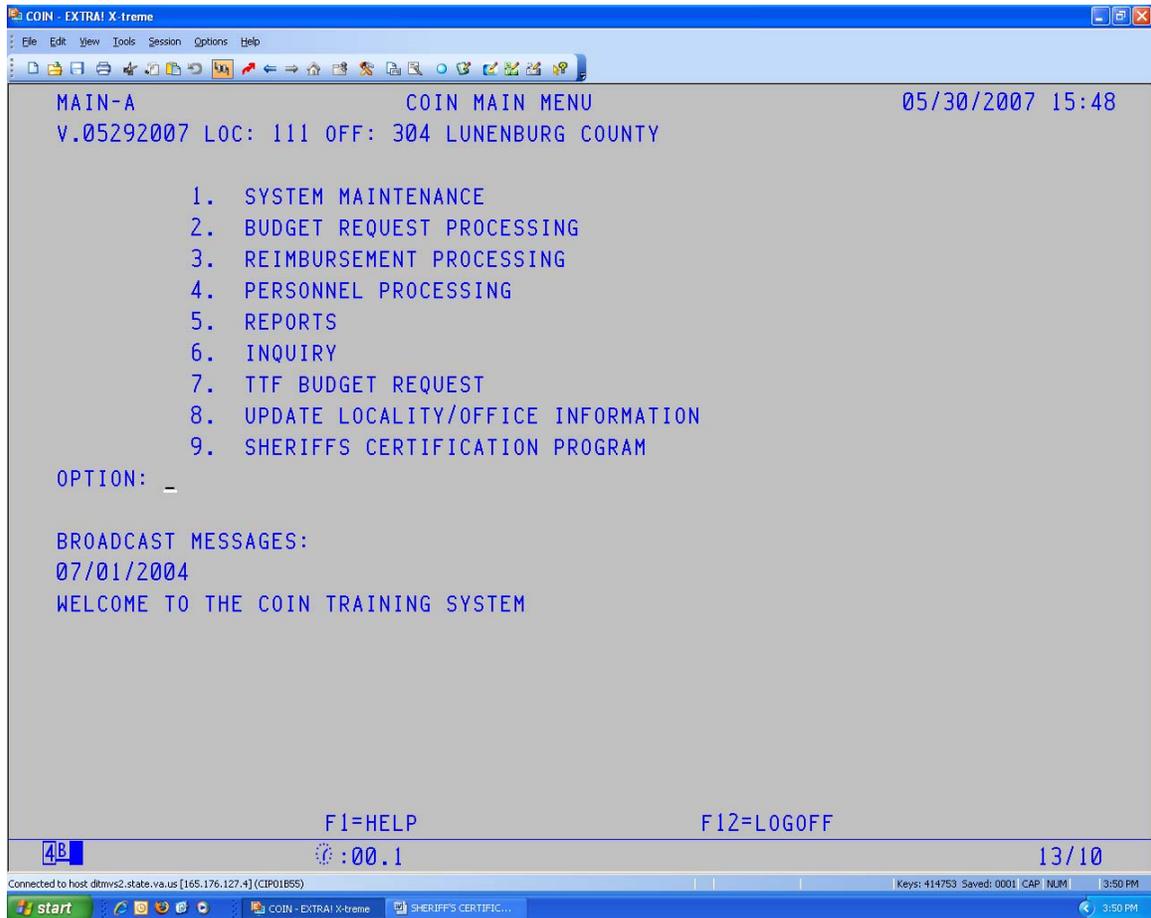
SHERIFF'S CERTIFICATION PROGRAM

INSTRUCTION GUIDE

SHERIFFS CERTIFICATION PROGRAM

Procedures

- COIN Main Menu – Select Option #9, Sheriff's Certification Program



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COIN - EXTRA! X-treme
File Edit View Tools Session Options Help
MAIN-A COIN MAIN MENU 05/30/2007 15:48
V.05292007 LOC: 111 OFF: 304 LUNENBURG COUNTY

1. SYSTEM MAINTENANCE
2. BUDGET REQUEST PROCESSING
3. REIMBURSEMENT PROCESSING
4. PERSONNEL PROCESSING
5. REPORTS
6. INQUIRY
7. TTF BUDGET REQUEST
8. UPDATE LOCALITY/OFFICE INFORMATION
9. SHERIFFS CERTIFICATION PROGRAM

OPTION: _

BROADCAST MESSAGES:
07/01/2004
WELCOME TO THE COIN TRAINING SYSTEM

F1=HELP F12=LOGOFF
4B :00.1 13/10
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Helpful Hints:

- Officers wishing to participate in Certification must certify in June that he/she meets the Compensation Board minimum criteria of the Sheriffs Career Development Program to receive the salary increase the following July.
- Officer will be audited between July 1st and November 31st of each year.
- Prior to January 1st, the Compensation Board will notify each Sheriff, seeking certification, of the status of their request.
- Officer must request the salary increase in the Compensation Board Budget request by February 1st of each year to receive the salary increase in July and must certify the budget request each year to maintain after receiving the increase
- Officer must certify in June to maintain the salary increase associated with the Sheriff's Career Development program.

SHERIFFS CERTIFICATION PROGRAM

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COIN - EXTRA! X-treme

File Edit View Tools Session Options Help

MCCD-A COIN BUDGET REQUEST 05/30/2007 15:51
V.11302006 FY: 2008 LOC: 111 OFF: 304 LUNENBURG COUNTY

SHERIFFS CAREER DEVELOPMENT PROGRAM CERTIFICATION (CDP-30C)

I HEREBY CERTIFY THAT I HAVE MET OR EXCEEDED THE FOLLOWING CRITERIA:

A. I HAVE COMPLETED 24 HOURS OF VIRGINIA SHERIFFS INSTITUTE APPROVED
MANAGEMENT, SUPERVISION OR OTHER TRAINING SPECIFICALLY RELATED TO THE
DUTIES OF THE SHERIFF IN THE PAST 12 MONTHS.

CLASS ATTENDED:	HOURS	DATE
-----	---	MM / DD / YYYY
-----	---	MM / DD / YYYY
-----	---	MM / DD / YYYY
-----	---	MM / DD / YYYY
-----	---	MM / DD / YYYY

F1=HELP F3=MENU F4=TOTALS F5=FIRST F6=LAST F7=PREV F8=NXT F12=MAIN

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Procedures:

- Enter the class or conference attended
- Enter the number of credit hours given by the Virginia Sheriffs Association
- Enter the date of the class or conference attended

SHERIFFS CERTIFICATION PROGRAM

Screen 3 of 6

MCCD-B COIN BUDGET REQUEST 05/30/2007 15:52
V.11302006 FY: 2008 LOC: 111 OFF: 304 LUNENBURG COUNTY

SHERIFFS CAREER DEVELOPMENT PROGRAM CERTIFICATION (CDP-30C)

I HEREBY CERTIFY THAT I HAVE MET OR EXCEEDED THE FOLLOWING CRITERIA:

B. I HAVE COMPLETED 8 HOURS OF COMPENSATION BOARD APPROVED LAWFUL EMPLOYMENT TRAINING THE PAST 12 MONTHS OR THE FOLLOWING MEMBERS OF MY COMMAND STAFF COMPLETED 8 HOURS OF COMPENSATION BOARD APPROVED LAWFUL EMPLOYMENT TRAINING IN CALENDAR YEAR IN THE PAST 12 MONTHS. (EFFECT NOVEMBER 1, 2006)

LAST NAME	FIRST NAME	CLASS ATTENDED	HOURS	DATE
-----	-----	-----	-----	MM / DD / YYYY
-----	-----	-----	-----	MM / DD / YYYY
-----	-----	-----	-----	MM / DD / YYYY
-----	-----	-----	-----	MM / DD / YYYY
-----	-----	-----	-----	MM / DD / YYYY

F1=HELP F3=MENU F4=TOTALS F5=FIRST F6=LAST F7=PREV F8=NXT F12=MAIN
4B :00.1 16/04

Procedures – continued

- Enter last name of individual attending Lawful Employment training
- Enter first name of individual attending Lawful Employment training
- Enter name of class attended
- Enter number of credit hours for class attended
- Enter date of class

Helpful Hint

Attendee **MUST** be either the Sheriff or someone from his/her Command Staff.

SHERIFFS CERTIFICATION PROGRAM

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COIN - EXTRA! X-treme

File Edit View Tools Session Options Help

MCCD-C COIN BUDGET REQUEST 05/30/2007 15:52
V.11302006 FY: 2008 LOC: 111 OFF: 304 LUNENBURG COUNTY

SHERIFFS CAREER DEVELOPMENT PROGRAM CERTIFICATION (CDP-30C)

I HEREBY CERTIFY THAT I HAVE MET OR EXCEEDED THE FOLLOWING CRITERIA:

C. I ADOPTED THE COMPENSATION BOARDS MINIMUM CRITERIA FOR MASTER DEPUTY PROGRAM ON MM / DD / YYYY

D. THE MOST RECENT AUDITS BY THE APA AND LOCAL GOVERNMENT AUDITOR REPORTED NO FINDINGS OF MATERIAL WEAKNESS UNDER THE DIRECTION OF THE SHERIFF AND NO INTERNAL CONTROL WEAKNESSES IDENTIFIED IN THE PRIOR YEAR MANAGEMENT LETTER WERE REPEATED IN THE MOST RECENT AUDIT.

E. THIS OFFICE HAS A WEBSITE PROVIDING, AT MINIMUM, SERVICES PROVIDED, HOURS OF OPERATION AND CONTACT INFORMATION. (EFFECTIVE JULY 1, 2006)
WEBSITE ADDRESS: -----

F. THIS OFFICE HAS A VCIN TERMINAL AND LIVESCAN FINGERPRINT CAPABILITY, OR PLAN TO DO SO. (EFFECTIVE JULY 1, 2006)
PLAN DATE: MM / DD / YYYY

F1=HELP F3=MENU F4=TOTALS F5=FIRST F6=LAST F7=PREV F8=NXT F12=MAIN

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Procedures – continued

- Enter the date your office adopted Master Deputy Program minimum criteria
- Read and agree to statement about most recent APA and Local Government audit
- Enter the web address for your offices website
- Read and agree to statement about VCIN terminal and LiveScan capability. If your office does **not** currently have this equipment enter the date that you plan to have it

SHERIFFS CERTIFICATION PROGRAM

Screen 5 of 6

COIN - EXTRA! X-treme

File Edit View Tools Session Options Help

MCCD-D COIN BUDGET REQUEST 05/30/2007 15:52
V.11302006 FY: 2008 LOC: 111 OFF: 304 LUNENBURG COUNTY

SHERIFFS CAREER DEVELOPMENT PROGRAM CERTIFICATION (CDP-30C)

I HEREBY CERTIFY THAT I HAVE MET OR EXCEEDED THE FOLLOWING CRITERIA:

G. I HAVE DEVELOPED, IMPLEMENTED AND DOCUMENTED ALL STANDARDS IDENTIFIED IN APPENDIX A OF THE COMPENSATION BOARD MINIMUM CRITERIA FOR SHERIFFS CAREER DEVELOPMENT PROGRAM: CERTIFICATION BY THE COMPENSATION BOARD.
YES: _

H. I HAVE MET ALL PERFORMANCE STANDARDS FOR JAILS IDENTIFIED IN APPENDIX B OF THE COMPENSATION BOARD MINIMUM CRITERIA FOR SHERRIFS CAREER DEVELOPMENT PROGRAM, AND HAVE MAINTAINED SUPPORTING DOCUMENTATION.
YES: _ NOT APPLICABLE: _

I. I HAVE MET ALL PERFORMANCE STANDARDS FOR LAW ENFORCEMENT IDENTIFIED IN APPENDIX C OF THE COMPENSATION BOARD MINIMUM CRITERIA FOR SHERIFFS CAREER DEVELOPMENT PROGRAM, AND HAVE MAINTAINED SUPPORTING DOCUMENTATION.
YES: _ NOT APPLICABLE: _

YOU MUST ENTER Y FOR ITEM G TO CONTINUE OR PRESS F3 TO EXIT.
F1=HELP F3=MENU F4=TOTALS F5=FIRST F6=LAST F7=PREV F8=NXT F12=MAIN

4B :00.1 11/47

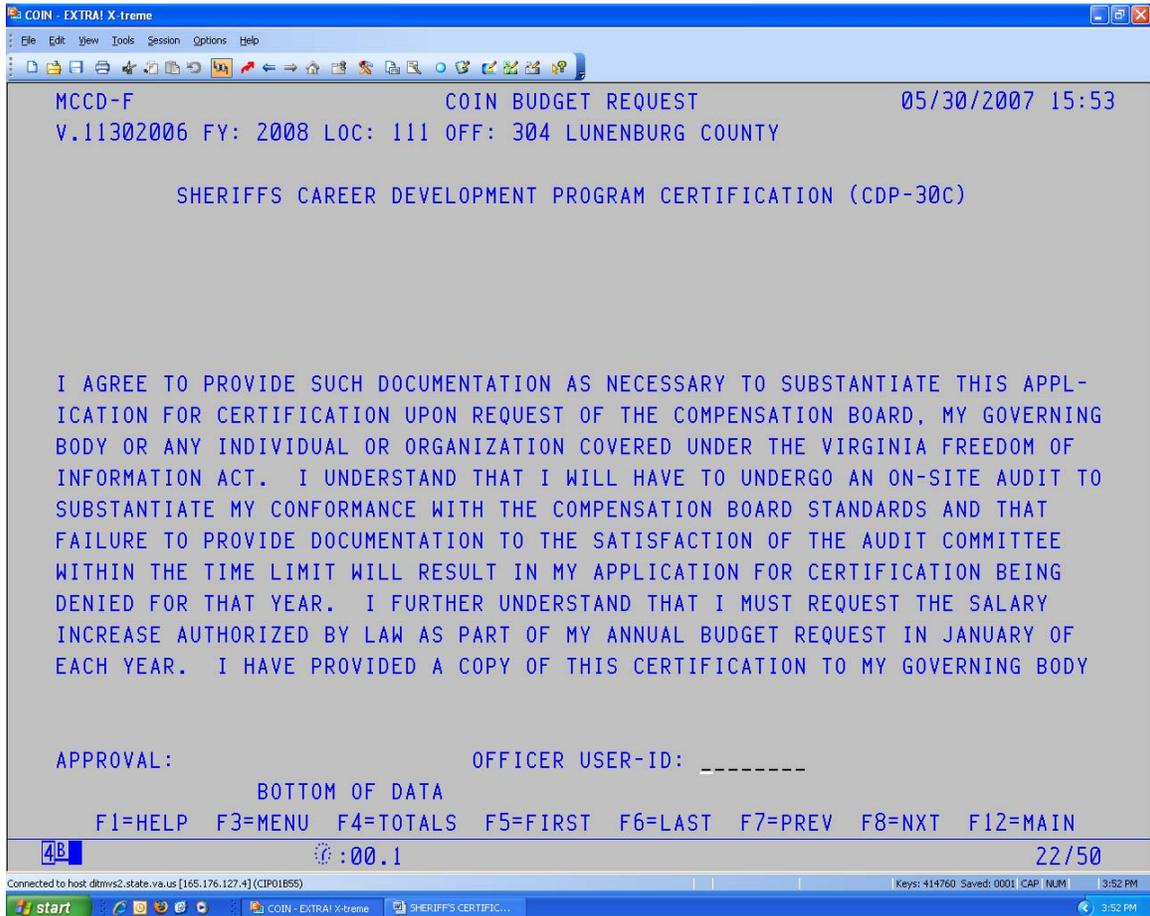
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Procedures – continued

- Read statement about standards in Appendix A and enter a "Y" for YES to show agreement
- Read statement about standards in Appendix B and enter a "Y" for YES to show agreement if your office operates a jail. If you **do not** operate a jail, enter a "Y" by NOT APPLICABLE
- Read statement about standards in Appendix C and enter a "Y" for YES to show agreement if your office provides law enforcement for your locality. If you **do not** provide law enforcement services, enter a "Y" by NOT APPLICABLE

SHERIFFS CERTIFICATION PROGRAM

Screen 6 of 6



Procedures – continued

- Read statement to determine compliance and enter COIN logon ID to certify the program.