



## RESERVE OFFICER COMPLETION OF TRAINING REPORTING FORM MODULE A

Agency Name: \_\_\_\_\_

Reserve Officer Name: \_\_\_\_\_ Reserve Officer DL Number \_\_\_\_\_

*Please complete the form with date, instructor name, and instructor certification number upon completion of the required hours for the training unit in the Module. This information will be retained by the Iowa Law Enforcement Academy and remain part of the reserve peace officer's file.*

MODULE A:			
	<u>Date Completed</u>	<u>Instructor Signature</u>	<u>Instructor Number</u>
IMPLICIT BIAS			
PATROL TECHNIQUES			
ETHICS			
USE OF FORCE			
DE-ESCALATION			
DEFENSIVE TACTICS			

To be completed by ILEA personnel only

The above named reserve officer has completed testing of Module A on:      Date: \_\_\_\_\_

ILEA Representative Signature: \_\_\_\_\_      Date: \_\_\_\_\_