



RESERVE OFFICER COMPLETION OF TRAINING REPORTING FORM
MODULE C

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 C: | | | |
|-------------------------|-----------------------|-----------------------------|--------------------------|
| | <u>Date Completed</u> | <u>Instructor Signature</u> | <u>Instructor Number</u> |
| VEHICLE STOPS | | | |
| COLLISION SCENE CONTROL | | | |
| CRIMINAL LAW | | | |
| CURRENT DRUG TRENDS | | | |
| RECOGNIZING IMPAIRMENT | | | |
| COMMUNITY POLICING | | | |

To be completed by ILEA personnel only

The above named reserve officer has completed testing of Module C on: Date: _____

ILEA Representative Signature: _____ Date: _____