Maryland Certified Police Officer
U.O.F Training Completion Affirmation
Public Safety Article 3-524(H)(2)
[SB 71, 2021 Legislative Session]

I, _____, hereby affirm that I have completed the
Certified Officer's Name

_____(Insert Department Name)____ Use of Force Training covering the Department's policies and procedures and the Maryland Use of Force statute. I understand the concepts presented in this training, the rules for employing the Department's approved methods and procedures regarding Use of Force, and the Maryland Use of Force statute and will comply with them while fulfilling my duties and responsibilities as a certified police officer.

_____ _____
Officer's Signature Date

PTSC 1/5/22

SAMPLE