## MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

## **Commission on Correctional Standards**

**Training Certification** 

## THIS IS TO CERTIFY THAT:

THE INDIVIDUALS LIS	TED BELOW HAVE BEE	EN TRAINED IN THE POLICIES
AND PROCEDURES OF		:
	(Private Home Deter	ntion Monitoring Agency)
THE INDIVIDUALS LIS	STED BELOW HAVE BEE	EN TRAINED IN THE PROPER USE
OF THE ELECTRONIC MONIT	TORING EQUIPMENT US	SED BY THIS MONITORING AGENCY
WHICH IS		;
	t the brand of electronic monitoring	
AS AN APPLICANT, I H	AVE BEEN TRAINED IN	THE PROPER USE AND CAPABILITIES
OF THE ELECTRONIC MONIT	ORING EQUIPMENT USE	ED BY THIS MONITORING AGENCY BY
	, ON	
( Name of Manufacturer Representat	ive*)	(Date)
THAT AS A RESULT OI	F THIS TRAINING, I, AS A	APPLICANT, AND ALL THOSE LISTED
BELOW, ARE KNOWLEDGEA	BLE IN THIS MONITORIN	NG AGENCY'S OPERATIONS AND THE
EQUIPMENT USED TO PROPE	ERLY MONITOR INDIVII	DUALS AS ORDERED BY THE COURT
Individual Trained	Date of Training	Name of Trainer
Certified(Applicant)		Date:
Attachment: *Letter verifying this indiv representative on that Com		

DPSCS/MCCS Form 32