OFFICER CERTIFICATION GRADE REVIEW REQUEST



STATE OF FLORIDA DEPARTMENT OF JUVENILE JUSTICE

OFFICER CERTIFICATION GRADE REVIEW REQUEST

To request a review and/or challenge of the examination, please complete this form and e-mail it to the Bureau of Staff Development and Training. To be eligible to challenge, your request must be received within thirty (30) days from the date of your Officer Certification Examination.

NAME:					
SOCIAL SEC			digits only):		
TYPE OF EX	AM TAKEN	□ ЈСО	□ лоо	□ ЈРО	☐ PAR
EXAMINAT	ION DATE:				
ADMINISTR	ATION NUM	BER:			
ADMINISTRATION NUMBER: REQUESTED DATE OF REVIEW:					
NOTE:	Reviews are conducted one day each month at the Department of Juvenile Justice in Tallahassee.				
	You will receive written confirmation of your scheduled review date and time.				