

Use of Force Training

Sheriff's Training Center: Camarillo, CA

1/26/17

AGENDA

(Session #1)

- | | |
|---------------|--|
| 8:00 – 8:45 | Lecture (Invs: Krueger, Wondoloski) |
| 8:45 – 9:00 | Weapons familiarity (Inv. Mendez) |
| 9:00 – 10:30 | Use of Force Scenarios & Interview
(Invs: Sanchez, Tallent, Utter, Coughlin & Erickson) |
| 10:30 – 12:00 | Additional Scenarios for DDAs (Invs: Krueger, Wondoloski) |

(Session #2)

- | | |
|-------------|--|
| 1:00 – 1:45 | Lecture (Invs: Krueger, Wondoloski) |
| 1:45 – 2:00 | Weapons familiarity (Inv. Mendez) |
| 2:00 – 3:30 | Use of Force Scenarios & Interview
(Invs: Sanchez, Tallent, Utter, Coughlin & Erickson) |
| 3:30 – 5:00 | Additional Scenarios for DDAs (Invs: Krueger, Wondoloski) |

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Top portion of form to be completed by the MCLE Provider

Provider Name: Ventura County District Attorney's Office

Provider Number: 1130

Title of Activity: Use of Force (Session 2)

Date(s) of Activity: January 26, 2017

Time of Activity: 1:00 - 5:00

Location of Activity (City, State): Sheriff's Training Center Camarillo, CA

Total California MCLE Credit Hours for the above activity are 4.00, including the following sub-field credits:

- Legal Ethics _____
- Elimination of Bias in the Legal Profession _____
- Prevention, Detection and Treatment of Substance Abuse/Mental Illness that Impairs Professional Competence _____

Bottom portion of form to be completed by the Attorney after participation in the above-referenced activity

By signing below, I certify that I participated in all, or some*, of the activity described above and am therefore entitled to the following MCLE credit hours -

Total California MCLE Credit Hours 4.00, including the following sub-field credits

Legal Ethics _____

Elimination of Bias in the Legal Profession _____

Prevention, Detection and Treatment of Substance Abuse / Mental Illness that Impairs Professional Competence _____

(You may not claim credit for sub-fields unless the Provider is granting credit in those areas and you participated in those portions of the activity)

Print Your Name _____

Your California State Bar Number _____

Signature _____

* partial participation hours must be pro-rated

ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to Provider (Please Print)

Provider Name: Ventura County District Attorney's Office Provider Number: 1130

Title of Activity: Use of Force (Session 2)

Date(s) of Activity: January 26, 2017

Time of Activity: 1:00 - 5:00 pm

Location of Activity: Sheriff's Training Center Camarillo, CA

Please indicate your evaluation of this course by completing the table below

Question	Yes	No	Comments
Did this program meet your educational objectives?	<input type="checkbox"/>	<input type="checkbox"/>	
Were you provided with substantive written materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the course update or keep you informed of your legal responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the activity contain significant professional content?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the environment suitable for learning (e.g., temperature, noise, lighting, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	

Please rate the instructor(s) of the course below

Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
Invs: Krueger & Wondoloski: Law, Scenarios	Overall Teaching Effectiveness	—
	Knowledge of Subject Matter	—

Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
Inv Mendez: Weapons	Overall Teaching Effectiveness	—
	Knowledge of Subject Matter	—

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Invs: Sanchez, Tallent, Utter, Coughlin, Erickson	Overall Teaching Effectiveness	—
	Knowledge of Subject Matter	—

ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to Provider (Please Print)

Provider Name: Ventura County District Attorney's Office Provider Number: 1130

Title of Activity: Use of Force (Session 1)

Date(s) of Activity: January 26, 2017

Time of Activity: 8:00 - 12:00

Location of Activity: Sheriff's Training Center Camarillo, CA

Please indicate your evaluation of this course by completing the table below

Question	Yes	No	Comments
Did this program meet your educational objectives?	<input type="checkbox"/>	<input type="checkbox"/>	
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