

DRIVER IMPROVEMENT CLINIC CLASSROOM INSTRUCTION ATTENDANCE ROSTER

Purpose: Use this form to document instructor and student attendance.

Instructions: Type or print in ink. Follow instructions for mailing and maintain a copy of the roster in the clinic files. If the student has an out-of-state driver's license, do not place the student's name on the roster. After completion of the course, issue the student a certificate to submit to his/her home state.

GENERAL INFORMATION			
CLINIC NAME		CLINIC CODE	DATE (mm/dd/yyyy)
CLINIC INSTRUCTOR NAME (last)	(first)	(mi)	(suffix)
CLINIC SITE ADDRESS			SITE CODE
CLINIC OPERATION HOURS		CLINIC COMPLETION DATE (mm/dd/yyyy)	
BEGINNING TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		ENDING TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
DAY OF THE WEEK			
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

CUSTOMER NUMBER	CUSTOMER NAME (last, first, mi, suffix)	CUSTOMER BIRTH DATE (mm/dd/yyyy)	REASON CODE (see reverse)	POINTS	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

TOTAL NUMBER OF STUDENTS	TOTAL AMOUNT OF FEES SUBMITTED \$
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CERTIFICATION	
<p>By signing this document, I certify that I am an instructor and designated representative of the driver improvement clinic and that the persons named above attended and satisfactorily completed the 8-hour driver improvement clinic on the date and time indicated above. I understand the submission of false or inaccurate information on this driver improvement clinic roster may result in suspension, cancellation or termination of the clinic's and instructor's certificate and the assessment of civil penalties.</p> <p>I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.</p>	
INSTRUCTOR NAME (print)	
INSTRUCTOR SIGNATURE	DATE (mm/dd/yyyy)

DMV REASON CODES

Code	Code Abbreviation	Definition
Commercial Court	CMC	Drivers who hold a commercial driver's license directed by the court to complete a clinic specifically designed for operator's of commercial vehicles.
Commercial DMV	CMD	Drivers who hold a commercial driver's license directed by the DMV to complete a clinic specifically designed for operator's of commercial vehicle
Commercial Volunteer	CMV	Drivers who hold a commercial driver's license voluntarily completing a clinic specifically designed for operator's of commercial vehicles.
Court Directed	COU	Drivers directed by the traffic court to complete clinic.
DMV Directed	DMV	Drivers directed by DMV to complete clinic.
Emergency Vehicle Operator Course	EVOC	Emergency vehicle drivers completing the Emergency Vehicle Operator Course such as firefighters and ambulance for training purposes.
Insurance	INS	Drivers completing the clinic to receive a discount on insurance.
Volunteer	VOL	Drivers completing clinic voluntarily.

INSTRUCTIONS FOR COMPLETING THE DRIVER IMPROVEMENT CLINIC CLASSROOM INSTRUCTION ATTENDANCE ROSTER

INSTRUCTIONS

Driver improvement clinics (DIC) are required to conduct 8 full hours of instruction, excluding meals and breaks, prior to the issuance of a certificate of completion and award of safe driving points.

To complete this form, the DIC should print or type.

Clinic Name: Enter the full name of the driver improvement clinic as it appears on the DMV-issued certificate.

Clinic Code: Enter the DMV-assigned code as it appears on the DMV-issued certificate.

Date: Enter the date the form is completed.

Clinic Instructor Name: Have the instructor who conducted the classroom instruction print his/her full legal name.

Site Code: Enter the DMV-assigned code for the approved clinic site where the instruction was conducted.

Clinic Site Address: Enter the full address of the clinic location where the instruction was conducted.

Clinic Completion Date: Enter the actual date that the classroom instruction was completed.

Clinic Operation Hours:

Beginning Time: Enter the exact time when the classroom instruction began.

Ending Time: Enter the exact time when the classroom instruction ended.

Day of the Week: Enter the exact day of the week that the classroom instruction was conducted.

Customer Name: Enter the customer's full legal name, no abbreviations.

DMV Customer Number: Enter the DMV-assigned customer number.

Reason Code: Enter the reason code that identifies the reason the student is attending the driver improvement clinic.

Points (Y or N): Check "Y" for yes or "N" for no, to indicate whether or not student should be awarded safe driving points.

Total Number of Students: Enter the total number of students.

Total Amount of Fees Submitted: Enter the total amount of money submitted for student processing fees.

Instructor Signature: Have the instructor who conducted the classroom instruction sign his/her full legal name.

After completion of the course, the DIC providing classroom instruction must:

- Issue a certificate of completion to each student successfully completing the course.
- Calculate the \$10 processing fee to be submitted for each student.
- Ensure that the instructor signs the certification statement on the clinic roster.
- Mail the clinic roster, along with a check or money order, within 5 days of completion of the course to:

Virginia Department of Motor Vehicles
Commercial Licensing Work Center
Post Office Box 27412
Richmond, VA 23269-0001

Note to Extranet Application Users: If you have been authorized to use the Extranet application, you must use the Extranet application to electronically submit this Classroom Instruction Attendance Roster, DI 17 to DMV within 24 hours of completing the instruction.