



Commonwealth of Virginia
Virginia Department of Criminal Justice Services
School Security Officer (SSO)

Re-Certification Application

In order to conform to Virginia State Regulation 6 VAC 20-240, all applications for School Security Officer re-certification shall be received by the Virginia Department of Criminal Justice Services (DCJS) at least 30 days before certification expiration. It is the responsibility of the School Security Officers/Point of Contact to ensure re-certification applications are filed with DCJS within the current two year certification period.

An applicant for re-certification must complete 16 hours of in-service training during their initial two year certification period and every re-certification period thereafter. The in-service training must be School Security Officer related, and must include a legal update along with other relevant topics approved by DCJS.

SSO Name (First, MI, Last): _____

SSO Email Address: _____

School Division: _____

Date of Certification Expiration: _____

The School Security Officer indicated above has completed 16 hours of school security related training, including legal update, within the current two year certification period. Course content of said training has met with the approval of the Virginia Department of Criminal Justice Services. **Copies of the necessary PIC forms/documentation to show proof of participation are attached.** By submission of this documentation, I, the designated School Security Officer point of contact, do hereby certify that all entries are true and complete. I understand that all information on this application is subject to verification.

Regulation 6 VAC 20-240 requires School Security Officers to receive a **legal update** as part of the training requirement toward re-certification.

_____ (Please initial) Yes, this officer has received a school safety/security legal update as indicated on the attached PIC form.

SSO Point of Contact Name: _____

SSO Point of Contact Email: _____

SSO Point of Contact Phone: _____

All Dates of Training Completed:
(Dates must match attached documents) _____

Number of Hours Completed: _____

Date: _____

Please submit the completed form with documentation to DCJS

Virginia Department of Criminal Justice Services, Virginia Center for School and Campus Safety, 1100 Bank Street, Richmond, Virginia 23219

Fax: 804-225-3853 or Email: schoolsecurity@dcjs.virginia.gov