



**Commonwealth of Virginia
Virginia Department of Criminal Justice Services
Campus Security Officer (CSO)**

Instructor Application

In accordance with 6 VAC 20-270, the Virginia Department of Criminal Justice Services (DCJS) may approve instructors to deliver Campus Security Officer training and may revoke such approval for cause. (Applicants for instructor approval may submit a waiver application form for review by the Department outlining previous instructor training or related experience.)

Applicant Name (First, MI, Last): _____

Applicant Title: _____

Applicant Phone: _____ Applicant Email: _____

Applicant Employer: _____

Employer's Address: _____

Employer's CSO Point of Contact Name: _____

CSO Point of Contact Phone: _____ CSO Point of
Contact Email: _____

The Virginia Administrative Code Regulation 6 VAC 20-270 outlines the following requirements for instructors (*please check all applicable requirements for 1, 2, and 3*):

1. high school diploma or equivalent (GED, etc.)
OR
 School or equivalent name and location: _____
2. minimum of one (1) year experience and demonstrated success as an instructor or teacher in an accredited educational institution or law enforcement or security agency.
3. two (2) years management or supervisory experience as a campus security officer or supervisory experience with any federal, state, county or municipal law-enforcement agency in a related field;
OR
 three (3) years general experience as a campus security officer, or with a federal, state or local law enforcement agency in a related field.

I, the applicant for instructorship, do hereby certify that all entries on this application are true and complete. I understand that all information on this application is subject to verification. I have read the Standards of Conduct as they pertain to Campus Security Officer Instructors and as provided in Regulation 6 VAC 20-270 and will abide by all requirements.

Applicant for instructor initials: _____ Date: _____

I, the designated contact person for the employer indicated above, request DCJS to review and approve this applicant for instructorship in the delivery of the Campus Security Officer curriculum.

Point of Contact Name: _____

Point of Contact Title: _____ Date: _____

***Please note that instructor certification is for two (2) years.
Please submit instructor recertification application thirty (30) days prior to certificate expiration date.***

Please submit the completed form with documentation to DCJS

DCJS Virginia Center for School and Campus Safety/CSO Program, 1100 Bank Street, Richmond, Virginia 23219

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