



CRIME PREVENTION SPECIALIST CERTIFICATION APPLICATION

FORM A

Applicant's Name: _____ E-Mail _____ Title: _____

Employing Agency: _____

Address: _____

Law Enforcement /Criminal Justice Agency Chief Executive Officer or Designee: (Printed) _____

Signature: _____

Telephone: _____ Date: _____

Have you been certified by DCJS as a General Law Enforcement Instructor within the past five (5) years?

YES NO If you answered "NO", have you completed a comparable instructor development course? _____

YES NO If YES, list type of course, dates of attendance, and who provided training: _____

Have you completed forty (40) hours of introductory crime prevention training?

YES NO If YES, when and where did you complete your training: _____

Training provided by: _____

Have you received eighty (80) hours of additional crime prevention training in the past five (5) years?

YES NO If YES, please provide the following information:

Dates	Hours	Training provided by
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have at least three years (3) of experience working in a criminal justice agency?

YES NO If YES, please list experience:

Dates	Agency
_____	_____
_____	_____
_____	_____

Do you have at least one (1) year of experience, within the past five (5) years, in providing crime prevention services?

YES NO

Do you possess a crime prevention related designation from a nationally recognized organization or from another state? _____

YES NO If YES, please provide the following:

Designation name: _____

Designating organization or state: _____ Date issued: _____

PLEASE ATTACH DOCUMENTATION FOR ALL COMPLETED TRAINING TO THIS APPLICATION AND RETURN T

Virginia Department of Criminal Justice Services, Crime Prevention Center

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