



Commonwealth of Virginia  
Virginia Department of Criminal Justice Services

**Individual Partial In-Service Credit (Form PIC-1)**

Name of Officer: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Last) (First) (M.I.)

Agency: \_\_\_\_\_  
(Agency Telephone #) (Agency Fax #)

Requested by: \_\_\_\_\_  
(Signature of Agency Administrator) (Title)

**PART A: COURSE INFORMATION**

Course Title: \_\_\_\_\_

Course Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Course Location: \_\_\_\_\_

Course Sponsor: \_\_\_\_\_

\_\_\_\_\_  
*Typed or Printed Name of Course Coordinator* *Phone Number*

\_\_\_\_\_  
*Signature of Course Coordinator* *Date*

Upon completion of PART A, submit this form and a curriculum that includes the date, hour by hour breakdown and instructor for each subject, no later than 60 days following the last day of the course to DCJS, [sharon.gray@dcjs.virginia.gov](mailto:sharon.gray@dcjs.virginia.gov)

**PART B: FOR DCJS USE ONLY**

Approved for:  Law Enforcement  Department of Corrections  
 Jailor/Custodial Officer  Court Security/Process Server

Hours Approved: Legal: \_\_\_\_\_ Career Development: \_\_\_\_\_ Cultural Diversity: \_\_\_\_\_ Total: \_\_\_\_\_

\_\_\_\_\_  
*DCJS Staff Signature* *Date*