



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

Recertification Application

In order to conform to Virginia State Regulation 6 VAC 20-240, all applications for SSO instructor recertification 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 instructor/point of contact to ensure recertification applications are filed with DCJS within the current two-year certification period.

An applicant for instructor recertification must complete eight (8) hours of in-service training during their initial two-year certification period and every recertification period thereafter. The in-service training must be school safety-related and must include a legal update along with other relevant topics approved by DCJS.

Instructor Name (Last, First, MI): _____

Instructor Email Address: _____

School Division Name: _____

Assigned School: _____

Date of Certification Expiration: _____

The school security officer instructor indicated above has completed eight (8) hours of school security-related training, including a legal update or relevant training, within the two-year period following the date of certification/recertification. The course content of said training has met the requirements for recertification. **Copies of the necessary attendance certificates or other applicable documentation to show proof of participation are on file with our division.** 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.

This instructor has received eight (8) hours of school security-related training within their current two-year certification period.

POC Initials

Date

This instructor has received a school safety/security legal update or other relevant legal training.

POC Initials

Date

Point of Contact Name: _____

Point of Contact Title: _____

Point of Contact Email: _____

Point of Contact Phone: _____

Please email the completed form to: schoolsecurity@dcjs.virginia.gov