



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

Armed Training Completion Form

In order to conform to the *Code of Virginia* § [22.1-280.2:1](#), the Virginia Department of Criminal Justice Services (DCJS) “shall require any school security officer who carries a firearm in the performance of his duties to provide proof that he has completed a training course provided by a federal, state, or local law-enforcement agency that includes training in active shooter emergency response, emergency evacuation procedure, and threat assessment.” To satisfy this requirement, this form must be signed by the chief law enforcement officer of the law-enforcement agency that provided the training, or the chief law enforcement officer’s designee, confirming completion of the required training. **Please note that training provided by a local law enforcement agency meets the requirements of the *Code of Virginia* § 22.1-280.2:1 only if the school security officer is employed by the local school board for the same locality served by the local law enforcement agency.**

This form is required by DCJS before such school security officer may carry a firearm in the performance of their duties.

This form is not a certification by DCJS that the school security officer identified herein is proficient in ability or skill in active shooter emergency response, emergency evacuation procedures, or threat assessment, nor is this form a certification that the individual is proficient with a firearm. It is incumbent upon the local school board to determine, in conjunction with the local law enforcement agency, whether the individual named within has the necessary skills and abilities to carry a firearm in the performance of their duties as a school security officer.

SSO Name (Last, First, MI): _____
SSO Employing K-12 Institution: _____
Prior Law-Enforcement Agency: _____
Date of Hire: _____ Date of SSO Prior Law-Enforcement Retirement/Separation: _____
Date of SSO Initial Certification: _____

Training Completed (please check appropriate boxes once completed):

Active Shooter Emergency Response Emergency Evacuation Procedure Threat Assessment

TO BE COMPLETED BY THE LOCAL LAW ENFORCEMENT AGENCY

I certify that the school security officer above attended all training prescribed in accordance with the Code of Virginia § [22.1-280.2:1](#).

_____ Name: Chief Law-Enforcement Officer/Designee	_____ Rank/Title
_____ Signature: Chief Law-Enforcement Officer/Designee	_____ Date
_____ SSO Signature	_____ Date

TO BE COMPLETED BY THE K-12 INSTITUTION

I certify the SSO is employed by the division, in good standing, and meets all requirements in accordance with the Code of Virginia § [22.1-280.2:1](#).

_____ Name: Superintendent/Designee	_____ Title
_____ Signature: Superintendent/Designee	_____ Date

The Virginia Department of Criminal Justice Services acknowledges that it has received this form, certified by the above-named chief law enforcement officer or designee and superintendent or designee of the local school board or private school that employs such SSO.

DCJS Signature: _____ Date: _____

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