



Virginia Department of Criminal Justice Services

School Security Officer (SSO)

SSO Reinstatement Application

In order to conform to Virginia State Regulation 6 VAC 20-240, all applicants for School Security Officer (SSO) certification must submit to the Virginia Department of Criminal Justice Services (DCJS) a properly completed and signed application for certification in a format provided by DCJS. Any SSO who leaves employment in good standing while in their two-year certification period may have their certification reinstated once they become employed again as an SSO. **It is the responsibility of the SSO/SSO point of contact to ensure that this application is submitted for the certification to be reinstated and that compliance with the regulation is complete.**

SSO Name (Last, First, MI): _____

SSO Email Address: _____

School Division Name: _____

Assigned School: _____

Date of Hire: _____

In accordance with 6 VAC 20-240-20 *Initial Certification and Training Requirements for School Security Officers*, all applicants for school security officer certification hired on or after September 1, 2004, must meet the following conditions. The above-named applicant:

1. has undergone a background investigation, including a fingerprint-based criminal history record inquiry of both the Central Criminal Records Exchange (CCRE) and the Federal Bureau of Investigation (FBI), **and** results of the background inquiry have been examined by the employing school division.
2. has a high school diploma, has passed the General Educational Development (GED) exam, or has passed the National External Diploma program.
3. is a minimum of 21 years of age.
4. possesses a valid driver's license by their state of residence to operate a motor vehicle (if applicable by duties of office).
5. has successfully completed basic first aid training, the content of which was determined by the employing school division.
6. has complied with compulsory minimum entry-level school security officer training requirements approved by the board.

SSO Certification Transfer

Current Certification Dates: _____ Previous Division/Private School: _____

I, the designated school security officer point of contact, do hereby certify that all entries are true and complete.

Point of Contact Name: _____

Point of Contact Title: _____

Point of Contact Email: _____

Point of Contact Phone: _____

Date: _____

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