Commonwealth of Virginia

Department of Criminal Justice Services

**SCHOOL SECURITY OFFICER (SSO) — Training Completion Form**

In order to conform to Virginia Code, the Virginia Department of Criminal Justice Services (DCJS) Virginia Center for School and Campus Safety “*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*.” This form is required by DCJS before ***such school security officer may carry a firearm in the performance of his 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 whether the individual named within has the necessary skills and abilities to carry a firearm in the performance of his duties as a school security officer.

|  |  |  |  |
| --- | --- | --- | --- |
| SSO Name: |  | | |
| SSO Employer: | |  | |
| Date of Hire: | |  | |
| Date of Original SSO Certification: | | |  |

In accordance with § [22.1-280.2:1](http://law.lis.virginia.gov/vacode/22.1-280.2:1)*Employment of School Security Officers*, all School Security Officers must submit proof of completion of the following trainings to DCJS. Acceptable proof of completion includes a dated certificate of completion or a training record from a federal, state, or local law-enforcement agency or a letter from the Chief of Sheriff confirming completion of the required training. **Please note if the training was received from a local law-enforcement agency, it must be from the locality in which the SSO is employed**.

**Training Completed:**

**Active Shooter Emergency Response  Emergency Evacuation Procedure  Threat Assessment**

*I certify that I attended all classes as prescribed and the attached documentation accurately reflects my attendance in the courses referenced above.*

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| --- | --- | --- | --- |
| **SSO Signature:** |  | **Date:** |  |

***TO BE COMPLETED BY SSO SUPERVISOR***

|  |  |
| --- | --- |
| Supervisor Name: |  |
| Supervisor Email: |  |
| Name of Division: |  |

*I certify the SSO is employed by the division, in good standing, and I have reviewed the attached documentation.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor Signature:** |  | **Date:** |  |