



Commonwealth of Virginia
Virginia Department of Criminal Justice Services
Campus Security Officer (CSO)

Instructor Re-Certification Application

Instructor renewal applications need to be received by the DCJS Virginia Center for School and Campus Safety (VCSCS) at least thirty (30) days before expiration. It is the responsibility of the instructor to ensure renewal requirements are filed with the Virginia Department of Criminal Justice Services (DCJS).

Each person applying for instructor renewal approval shall meet the minimum requirements for eligibility as follows:

1. successfully complete eight (8) hours of campus security officer related in-service training within the two (2) years immediately preceding the expiration date of the current approval;
2. be in good standing in the college/university/private security company or with DCJS.
 - DCJS may renew instructor approval for a period not to exceed two (2) years.
 - DCJS may renew instructor approval when the department receives a properly completed renewal application provided by DCJS.

CSO Instructor Name (First, MI, Last): _____

CSO Instructor Title: _____

CSO Instructor Email: _____

Employer: _____

School/University (if employer is private security company): _____

Date of Certification Expiration: _____

I, the designated contact person for the employer indicated above, request the Virginia Department of Criminal Justice Services to review and approve this applicant for instructor re-certification. The CSO Instructor indicated above has completed eight (8) hours of campus security related training, within the two-year (2-year) period following date of certification/re-certification. Course content of said training has met with the approval of the Virginia Department of Criminal Justice Services. **Copies of the necessary PIC forms/documentation to show proof of participation are attached.** By submission of this documentation, I, the designated contact person, do hereby certify that all entries are true and complete. I understand that all information on this application is subject to verification.

Point of Contact Name: _____

Point of Contact Title: _____

Point of Contact Email: _____

Date: _____

Please submit the completed form with documentation to DCJS

DCJS Virginia Center for School and Campus Safety/CSO Program, 1100 Bank Street, Richmond, Virginia 23219

Fax: 804-225-3853 or Email: campusecurity@dcjs.virginia.gov
