



Commonwealth of Virginia
Virginia Department of Criminal Justice Services

**Out-of-State Conference Training Partial In-Service Credit
(Form PIC-2)**

Name of Officer: _____ SS#: _____
(Last) (First) (M.I.) (last four digits)

Agency: _____
(Agency Telephone #)

Requested by: _____
(Signature of Agency Administrator) (Title)

Email address of agency contact: _____

PART A: COURSE INFORMATION

Conference Title: _____

Conference Dates From: _____ To: _____

Conference Location: _____

Conference Sponsor: _____

Typed or Printed Name of Course Coordinator *Phone Number*

Signature of Course Coordinator *Date*

Email Address

Upon completion of Part A, submit this form and a curriculum that includes the date, hour-by-hour agenda, instructor bios and description of the training, no later than 60 days following the last day of the course to DCJS, picforms@dcjs.virginia.gov

PART B: FOR DCJS USE ONLY

Approved for: Law Enforcement Department of Corrections
 Jailor/Custodial Officer Court Security/Process Server

Hours Approved: Legal: _____ Career Development: _____ Cultural Diversity _____ Total: _____

DCJS Staff Signature *Date*

