



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

Partial In-Service Credit Course Approval Form

Part I: To be Completed by Course Sponsor/School Division/College/University/Security Company

Name of Course Sponsor (First, MI, Last): _____

Address: _____

Course Title: _____

I have read and agree to the in-service credit course conditions as set forth in SSO/CSO Partial In-Service Policy Guidelines. All required course documentation accompanies this application. An accurate roster will be maintained during the course of the program and is available to DCJS upon request.

Course Director Name: _____ Date: _____

THIS SPACE IS FOR USE BY THE VIRGINIA DEPARTMENT OF CRIMINAL JUSTICE SERVICES (DCJS).

Hours Approved: _____ Legal? _____ Approval Expiration Date: _____

Approved by: _____ Date: _____

UPON COMPLETION OF COURSE

Part II. To be Completed and Signed by the School/Campus Security Officer

Name of Security Officer (First, MI, Last): _____

Driver's License State and Number: _____

Employing School Division/College/
University/Security Company: _____

Dates Attended: _____ Location: _____

I certify that I have attended all classes as prescribed by the course sponsor and the minimum number of hours for which the course has been approved by the DCJS Virginia Center for School Safety.

Signature of Security Officer: _____ Date: _____

TO SCHOOL/CAMPUS SECURITY OFFICER'S DESIGNATED CONTACT PERSON:

By submission of this partial in-service credit form, you are authorizing the Virginia Department of Criminal Justice Services (DJCS) to accept the information contained within this document as training received toward School/Campus Security Officer partial in-service credit.

Please submit the completed form with documentation to DCJS

Virginia Department of Criminal Justice Services, Division of Law Enforcement, 1100 Bank Street, Richmond, VA 23219

Fax: 804-786-0410 or Email: schoolsecurity@dcjs.virginia.gov