



# Virginia Department of Criminal Justice Services Human Trafficking Hotel Training



## GUIDELINES FOR COURSE APPROVAL

Thank you for submitting your course on human trafficking to be used by hotel proprietors throughout the Commonwealth of Virginia. Please review the following information prior to submitting the application form.

1. Please complete the application in its entirety. Incomplete applications will delay the approval process. The Virginia Department of Criminal Justice Services (DCJS) will evaluate submissions within 60 days after the complete applications and materials are received.
2. Please email the completed application, course file(s), pertinent links (if applicable), and other materials to [hoteltraining@dcjs.virginia.gov](mailto:hoteltraining@dcjs.virginia.gov).
3. Applicants are required to have courses approved by DCJS each time that the course is revised or updated. *Courses do not need to be approved annually, unless changes to that course have been made.*
4. Applicants have the option to allow other hotel proprietors to utilize their approved course.
5. The Virginia Department of Criminal Justice Services (DCJS) shall not charge for courses that are developed by DCJS.
6. Private organizations may request compensation for the use of their courses. Please contact the organization directly to access these courses, if desired.
7. A directory of approved courses and organization contact information will be provided on the human trafficking page of the [DCJS website \(www.dcjs.virginia.gov\)](http://www.dcjs.virginia.gov).
8. In-Person Training: Trainers must submit documentation after each in-person training to report the date, location, attendees, trainer, and curriculum that was used. This is collected by DCJS and tracked by the Virginia Department of Health (VDH), per *Virginia Code § 35.1-15.1(B)*.
9. The reporting and documentation process will be provided to applicants when course approval is sent.

***For additional questions or concerns, please contact:***

[hoteltraining@dcjs.virginia.gov](mailto:hoteltraining@dcjs.virginia.gov)



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## COURSE APPROVAL FORM

*Please allow 60 days for approval decisions on all applications.*

### SECTION 1 – Applicant Name and Hotel Location

Applicant Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Hotel Name: \_\_\_\_\_

Hotel Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Hotel Website: \_\_\_\_\_

### SECTION 2 – Course Information

Title of Course: \_\_\_\_\_

Course Type: ☐ E-Learning Course\* ☐ In-Person Course\*\* ☐ Hybrid Length of Training (hrs): \_\_\_\_\_

Language options\*\*\*: \_\_\_\_\_

*\*Online modules must be a minimum of 30 minutes and is recommended not to exceed 45 minutes per module.*

*\*\*In-Person training is recommended to be 90 minutes to 2 hours.*

*\*\*\*Hotels must show that the training is available in every language that is spoken by staff members.*

### SECTION 3 – Required Attachments

*Omission of any attachments or information will delay the processing of this application.*

#### a. In-Person Training:

- Presentation: Full presentation submitted in PowerPoint format or via a Cloud-based link.
- Handouts: Provide a copy of any handouts that will be distributed.
- Course Agenda: Include time(s) of each block, block title, presenter name, and presenter position title.

Time(s) of Block: \_\_\_\_\_

Block Title: \_\_\_\_\_

Presenter Name: \_\_\_\_\_

Presenter \_\_\_\_\_

Position Title: \_\_\_\_\_

Time(s) of Block: \_\_\_\_\_

Block Title: \_\_\_\_\_

Presenter Name: \_\_\_\_\_

Presenter \_\_\_\_\_

Position Title: \_\_\_\_\_

b. E-Learning Course Access (Non-DCJS Learning Management System):

- URL for LMS: \_\_\_\_\_
- Username: \_\_\_\_\_
- Password: \_\_\_\_\_

c. Hybrid or Other Format: \_\_\_\_\_

- Explain presentation format: \_\_\_\_\_

- Submit the presentation, handouts, and course agenda.

#### SECTION 4 – Approved Courses on the DCJS Website

All approved courses will be listed on the DCJS website. The name of the company and course title will be listed. Applicants may give permission for their course to be used by other hotel proprietors, if desired. Please answer the following:

a. Would you like the contact information for a specific point of contact to be listed on the DCJS website? If so, please provide:

- Full Name: \_\_\_\_\_
- Email: \_\_\_\_\_

b. Would you like a hyperlink to the course webpage to be listed for other hotel proprietors to access? If so, please provide:

- URL for course webpage: \_\_\_\_\_

c. May other hotel proprietors utilize your course to train their employees? ☐ Yes ☐ No

- Course is offered to other hotel proprietors free of charge ☐ Yes ☐ No

- Hotel proprietors may purchase this course from the listed private organization ☐ Yes ☐ No

#### SECTION 5 – Submission

This form must be completed in its entirety and submitted with the required documents to [hoteltraining@dcjs.virginia.gov](mailto:hoteltraining@dcjs.virginia.gov). Per *Virginia Code § 35.1-15.1(B)*, DCJS will review the course and submitted documents and will provide a response within 60 days of the submission of such training course for approval.

Applicant Name (Printed): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**DCJS APPROVAL (Office Use Only)**

Reviewer Name:	
Date Reviewed:	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changes Needed:	
Reviewer Signature:	