

Virginia Department of Criminal Justice Services

**Application for the DCJS Behavioral Threat Assessment and Management Train-the-Trainer Program**

The Virginia Department of Criminal Justice Services (DCJS), in an effort to provide opportunities for K-12 threat assessment teams to access more training, is offering a Behavioral Threat Assessment and Management (BTAM) Train-the-Trainer (TTT) Program. To be considered for the TTT Program, you must complete this application, meet all prerequisite requirements as outlined in the application, and obtain a signature of approval from your division superintendent (or the superintendent’s designee) as part of the application process. All applications will be reviewed by DCJS staff for approval to attend the BTAM TTT session. Upon approval and completion of the BTAM TTT session, attendees must commit to leading BTAM training for their school/division and attend updated DCJS BTAM trainings as needed and required (three-year intervals). *\*Please note that this training is intended for K-12 public school threat assessment team members who meet the prerequisite requirements outlined in the application.*

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| **APPLICANT INFORMATION** |
| **Name (First and Last):**  | Click or tap here to enter text. |
| **Address:**  | Click or tap here to enter text. |
| **City:**  | Click or tap here to enter text. |
| **State:** | Click or tap here to enter text. | **Zip Code:** | Click or tap here to enter text. |
| **Phone Number:**  | Click or tap here to enter text. |
| **School you currently work at:** | Click or tap here to enter text. |
| **School Division:**  | Click or tap here to enter text. |
| **Current Position:** | Click or tap here to enter text. |

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| **Behavioral Threat Assessment and Management (BTAM) Experience** |
| *\*In order to be considered for the K-12 BTAM Train-the-Trainer Program, the applicant must have previously received DCJS K-12 BTAM training or the equivalent, and have served on a BTAM team at the school or division level.* |

**How long have you served on a K-12 BTAM team(s)?** *(select from the drop down)*Choose an item.

**Was this at the school or division level?** *(select from the drop down)*Choose an item.

**Have you received K-12 Basic BTAM Training within the last three (3) years, from either DCJS or the equivalent?** *(select from the drop down)*Choose an item.

**If yes, who facilitated your K-12 Basic BTAM training session?** *(select from the drop down)*Choose an item.

**If you chose DCJS, what was the date and location of that K-12 Basic BTAM training?**Click or tap here to enter text.

**If you chose other, who provided and on what date was that K-12 Basic BTAM training?**Click or tap here to enter text.

**Date of Application:**Click or tap to enter a date.

**Which TTT Date and Location do you prefer?** *(select from the drop down)*Choose an item.

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| **Applicant Signature** |
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| **Superintendent (or Designee) Signature** |  | **Date** |

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| ***\* For DCJS Staff Only \**** |
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| **Date of Review:** | Click or tap to enter a date. |
| **Reviewed By:** | Click or tap here to enter text. | **Application Approved?**  | [ ]  **Yes** | [ ]  **No** |