



**Commonwealth of Virginia  
Virginia Department of Criminal Justice Services**

**Crime Prevention Specialist CERTIFICATION  
Application (Form A)**

Applicant's Name \_\_\_\_\_ E-Mail: \_\_\_\_\_ Title: \_\_\_\_\_  
Employing Agency: \_\_\_\_\_  
Address: \_\_\_\_\_

**Name of Law Enforcement/Criminal Justice Agency Chief Executive Officer or Designee:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you been certified by DCJS as a General Law Enforcement Instructor within the past five (5) years?

Yes  No

If you answered "NO", have you completed a comparable instructor development course?

Yes  No

If YES, list type of course, dates of attendance, and who provided training

Dates \_\_\_\_\_ Hours \_\_\_\_\_ Training Provided By: \_\_\_\_\_

Dates \_\_\_\_\_ Hours \_\_\_\_\_ Training Provided By: \_\_\_\_\_

Have you completed forty (40) hours of introductory crime prevention training?

Yes  No

If YES, when and where did you complete your training: \_\_\_\_\_

Dates \_\_\_\_\_ Hours \_\_\_\_\_ Training Provided By: \_\_\_\_\_

Dates \_\_\_\_\_ Hours \_\_\_\_\_ Training Provided By: \_\_\_\_\_

Have you received eighty (80) hours of additional crime prevention training in the past five (5) years?

Yes  No

If YES, list type of course, dates of attendance, and who provided training

Dates \_\_\_\_\_ Hours \_\_\_\_\_ Training Provided By: \_\_\_\_\_

Dates \_\_\_\_\_ Hours \_\_\_\_\_ Training Provided By: \_\_\_\_\_

Do you have at least three (3) years of experience working in a criminal justice agency?

Yes  No

If YES, please list experience

Dates \_\_\_\_\_ Agency: \_\_\_\_\_

Dates \_\_\_\_\_ Agency: \_\_\_\_\_

Do you have at least one (1) year of experience, within past 5 years in providing crime prevention services?  Yes  No

Do you possess a crime prevention related designation from a nationally recognized organization or from another state?

Yes  No If yes, please provide the following:

Designation Name: \_\_\_\_\_

Designating Organization or state: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**PLEASE ATTACH DOCUMENTATION FOR ALL COMPLETED TRAINING TO THIS APPLICATION AND RETURN TO:**

Virginia Department of Criminal Justice Services, Attn: Crime Prevention Coordinator  
1100 Bank Street, 9th Floor, Richmond, VA 23219