



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

**Application for Instructor Certification (Form IC-1)**

*Please submit this form to your DCJS Field Services Coordinator*

Name: (Last, First, Middle Initial)

Full Social Security Number:

- -

Agency/Department:

Date Apprenticeship Completed:

**Type of Instructor Certification Requested**

Initial Certification

**Identify the type of Instructorship for which application is being submitted**

General

Speed Measurement – RADAR

Firearms

Speed Measurement – LIDAR/RADAR

Defensive Tactics

Speed Measurement – LIDAR

Driver Training

Provisional

By submission of this application, the agency and academy requesting certification of the above named individual as a criminal justice instructor is attesting to compliance with the requirements of the "Rules Relating to Certification of Criminal Justice Instructors" to include all employment, training and apprenticeship requirements. Specifically, the Agency Administrator or Designee of the employing agency is attesting that the applicant meets all employment requirements and requesting that the applicant be certified as an instructor. The certified academy director is responsible for maintaining documentation of completion of training and completion of the apprenticeship on file for inspection and review purposes during academy re-certification.

Attested to: \_\_\_\_\_  
*Certified Academy Director Signature*

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

Certified Criminal Justice Academy: \_\_\_\_\_

Certification Requested by: \_\_\_\_\_  
*Agency Administrator or Designee Signature*

Employing Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
*Please print*

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

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

Fax: \_\_\_\_\_

DCJS Approval: \_\_\_\_\_

Date Entered: \_\_\_\_\_



## APPRENTICESHIP AUTHORIZATION

Applicant's Name \_\_\_\_\_

Academy/Approved Training Location \_\_\_\_\_

Apprenticeship Completed (**Date Only**) \_\_\_\_\_

Total number of instruction hours (minimum 4) \_\_\_\_\_

Name of Evaluator (Print) \_\_\_\_\_ Agency \_\_\_\_\_

Signature of Evaluator (Certified Instructor) \_\_\_\_\_ Date \_\_\_\_\_

Apprenticeship must be completed before the Academy Director can approve application.

**Note:** Evaluator must be a certified DCJS Instructor, who passes at least three years of experience as an instructor in the topic of apprenticeship instruction.

### Procedures for Apprenticeships:

**The apprenticeship form is the responsibility of the officer/deputy doing the apprenticeship until the form is complete and ready for the Executive Director's signature.**

**Step one:** The apprenticeship form originates with the apprentice. After completing the applicable instructor school the apprentice **must** contact Perry Bartels, [if they wish to do an apprenticeship with the HRCJTA](#), to schedule the apprenticeship. The apprentice **is not required** to do an apprenticeship at the HRCJTA, they may elect to do one at another location.

The apprentice brings the form when scheduled to complete the apprenticeship and presents the form to the evaluator at the end of the apprenticeship. The evaluator may sign the form if they are comfortable with the performance of the apprentice and the form will **immediately** be returned to the apprentice.

**Step two:** The apprentice will bring the form back to his/her respective agency for the **authorized signature**. The authorized signature may be the agency head or his/her designee. The authorized signature should not be completed until the instructor school is completed and the apprenticeship is completed. This signature is the agency's commitment that the necessary requirements have been completed, it allows the agency to track the progress of their apprentices, and it ensures that the correct signatures are in place.

**Step three:** The agency head or designee (training coordinator) will cause the completed form to be sent to the academy for the Executive Director's signature, and processing through DCJS.