



# INDIVIDUAL PARTIAL IN-SERVICE CREDIT

Department of Criminal Justice Services, 1100 Bank Street, Richmond, VA 23219

Name of Officer: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Last) (First) (M.I.)

Agency: \_\_\_\_\_  
(Agency Telephone #) (Agency Fax #)

Requested by: \_\_\_\_\_  
(Signature of Agency Administrator) (Title)

## PART A: COURSE INFORMATION

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

Course Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Course Location: \_\_\_\_\_

Course Sponsor: \_\_\_\_\_

Hours of Training Received: Legal \_\_\_\_\_ Career Development \_\_\_\_\_ Cultural Diversity \_\_\_\_\_

I certify that the above individual successfully completed the named training for the hours of training indicated.

\_\_\_\_\_  
Signature of Officer Attending Training Date

\_\_\_\_\_  
Typed or Printed Name of Course Coordinator Telephone Number

\_\_\_\_\_  
Signature of Course Coordinator Date

**Upon completion of Part A, submit this form and a curriculum that includes the date, time and instructor for each subject, no later than 60 days following the last day of the course to DCJS, Standards & Training Section**

## PART B: FOR DCJS USE ONLY

Approved for: \_\_\_\_\_ Law Enforcement \_\_\_\_\_ Department of Corrections  
\_\_\_\_\_ Jailor/Custodial Officer \_\_\_\_\_ Court Security/Process Server

Hours Approved: Legal: \_\_\_\_\_ Career Development: \_\_\_\_\_ Cultural Diversity \_\_\_\_\_ Total: \_\_\_\_\_

DCJS Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_