

## Commonwealth of Virginia Virginia Department of Criminal Justice Services

## Out-of-State Conference Training Partial In-Service Credit (Form PIC-2)

| Name of Officer:                |                                     |  |                     | SS#:           |                      |
|---------------------------------|-------------------------------------|--|---------------------|----------------|----------------------|
|                                 | (Last)                              | (First)  | (M.I.)              | <b>σο</b> π    | (last four digits)   |
| Agency:                         |                                     |  |                     |                | (Agency Telephone #) |
| Requested by:                   |                                     |  |                     |                |                      |
|                                 | (Signa                              | ature of Agency Administrator)                                 |                     |                | (Title)              |
| Email address of ag             | jency contact:                      |  |                     |                |                      |
| PART A: COURSE                  | INFORMATION                         |  |                     |                |                      |
| Conference Title:               | 2021 ROCIC 30t                      | th Annual Homicide   | Conference          |                |                      |
| Conference Dates                | From: August                        | 15 To: August  | 18, 2021            |                |                      |
| Conference Locatio              | Golden Nua                          | get- Biloxi, MS  |                     |                |                      |
| Conference Sponso               | Regional O                          | rganized Crime Info  | ormation Center a   | nd Biloxi Pol  | ce Department        |
| ·                               |                                     | tt Miller  |                     | 61             | 5-234-5489           |
|                                 | Typed or Printed Name               | of Course Coordinator  |                     |                | Phone Number         |
|                                 |                                     |  |                     |                |                      |
| Signature of Course Coordinator |                                     |  |                     |                | Date                 |
| jamiller@ro                     | ocic.riss.net                       |  |                     |                |                      |
|                                 | Email Addr                          | ess  |                     |                |                      |
| hour-by-hou                     | ur agenda, instr                    | t A, submit this fo<br>ructor bios and de<br>day of the course | escription of the t | raining, no l  | ater than 60 days    |
| PART B: FOR                     | DCJS USE ONI                        | _Y   |                     |                |                      |
| Approved for:                   | ☐ Law Enforcement ☐ Department of C |  |                     | nt of Correcti | ons                  |
|                                 | ☐ Jailor/Cus                        | todial Officer   | ☐ Court Sec         | urity/Process  | Server               |
| Hours Approved:                 | Legal: (                            | Career Developmer  | nt: Cultura         | al Diversity — | Total:               |
|                                 | DCJS Staff Signature                |  |                     |                | Date                 |

- 1. The PIC-2 Out-of-State Training Conference form must be signed by **each** instructor or course coordinator of the training attesting that the officer was present for the duration of each block of training.
- 2. The completed and signed PIC-2 form must include supporting documentation of the training to include:
  - Hour-by-hour conference agenda with current date (must be laid out in hour blocks for credit approval)
  - Brief biography of the instructors,
  - Brief description of each training block;
  - Agency administer or designee must sign the request;
- 3. The PIC-2 form and the supporting documentation must be submitted to DCJS to the email address: <a href="mailto:picforms@dcjs.virginia.gov">picforms@dcjs.virginia.gov</a> no later than 60 days following the last date of training. If all documentation is not submitted, no partial in-service credit will be approved.
- 4. List courses attended and have the course coordinator or instructor sign verifying attendance.

| Name of Class Attended | Signature of Course Coordinator or Instructor |
|------------------------|---|
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