



# Advanced Forensic Investigation Training Tribal CPS Application

- \_\_\_\_\_ **February 26 - March 2, 2018 • Application deadline: January 26, 2018**  
Childhelp Family Advocacy Center & Black Canyon Conference Center, Phoenix
- \_\_\_\_\_ **May 7 - 11, 2018 • Application deadline: March 26, 2018** • Phoenix, Location TBD
- \_\_\_\_\_ **September 10 – 14, 2018 • Application deadline: August 3, 2018** • Phoenix, Location TBD
- \_\_\_\_\_ **December 3 – 7, 2018 • Application deadline: October 19, 2018** • Phoenix, Location TBD

**Please Print**

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_ Dept/Division/Unit \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Registration Fee: **\$1,000 per participant**  
**DO NOT SEND FUNDS WITH THIS APPLICATION**  
Registration fee will be due upon written acceptance and invoice

**Please complete ALL information before sending:**

- I have attended (or will attend) a Basic Interviewing Course **within 12 months prior to this training**. Date attended \_\_\_\_\_
- I have conducted and/or observed six (6) interviews of children to include: two (2) preschool, two (2) school age, two (2) mentally challenged. (**required prior to attending this training**)
- I am currently involved in the frontline investigation or prosecution of child sexual abuse as part of my duties. My occupation is \_\_\_\_\_
- In this capacity I have handled \_\_\_\_\_ sexual abuse/child physical abuse cases in the past 12 months.  
insert # here
- I have read the following statement: All participants of the Advanced Forensic Investigation Training will participate in several practicum exercises in which they are expected to practice the skills they are acquiring through the course, which will be supervised by expert faculty. Participants that do not demonstrate a willingness or ability to incorporate the concepts learned will first be approached by faculty and, if no progress is made, will have their supervisors notified in writing.
- Approval of supervisor \_\_\_\_\_

Supervisor’s signature      (required)      Date

\_\_\_\_\_

Print Supervisor’s Name      Phone      Email

***If admitted, confirmation and invoice will be sent via email the week after the application deadline.***

**Please e-mail or fax application to:** Prevent Child Abuse Arizona • [claire@pcaaz.org](mailto:claire@pcaaz.org) • 928.778.5300 fax  
 Questions or cancellations contact: Claire Louge ([claire@pcaaz.org](mailto:claire@pcaaz.org))