Prevent Child Abuse Arizona

Advanced Forensic Investigation Training

Forensic Interview Application

_____**February 11-14, 2019** • ***Application deadline: January 17, 2019***
Childhelp Family Advocacy Center & Black Canyon Conference Center, Phoenix

_____**May 6-9, 2019** • ***Application deadline: March 29, 2019***
Childhelp Family Advocacy Center & Black Canyon Conference Center, Phoenix

_____**September 9-12, 2019** • ***Application deadline: August 2, 2019***
Maricopa County Sheriff's Office Training Facility & Black Canyon Conference Center, Phoenix

_____**December 9-12, 2019** • ***Application deadline: November 1, 2019***
Maricopa County Sheriff's Office Training Facility & Black Canyon Conference Center, Phoenix

Please Print

Name_____ Title_____

Agency_____Dept/Division/Unit_____

Address_____City_____Zip_____

Phone_____ Email_____

Do you work at an Advocacy Center? (Circle one) Yes or No

Training Cost: $800
DO NOT SEND FUNDS WITH THIS APPLICATION
Registration fee will be due upon written acceptance and invoice

Please initial & complete all sections. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

❑ I agree to participate and attend the entire 32-hour training. I understand that I will need to make up any course time missed.

❑ I have been part of the investigation of _____child sexual abuse/child physical cases in the past 12 months.

❑ I have been part of the investigation of _____ sex assault cases in the past 12 months.

❑ I am not currently assigned to sex/family crimes or sex assault cases but I will be transferred on _____.

❑ 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

Participants will be notified whether or not they have been admitted the week after the application deadline.

Please e-mail this application to: Prevent Child Abuse Arizona • claire@pcaaz.org • 928.778.5300

Questions ? Contact: Claire Louge (claire@pcaaz.org)