



# Advanced Forensic Investigation Training

## Prosecutor Application

\_\_\_\_\_ **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 \_\_\_\_\_

**Can you speak, read or write other languages? Yes or No If Yes, which?** \_\_\_\_\_

### Training Cost: FREE for prosecutors

thanks to funding from the Governor's Office of Youth, Faith and Family and the Maricopa County Attorney's Office

### 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](mailto:claire@pcaaz.org) • 928.778.5300

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