



# Advanced Forensic Investigation Training

## Tribal CPS 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 \_\_\_\_\_

**Registration fee: \$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 investigated \_\_\_\_\_ child sexual abuse/child physical cases in the past 12 months.

I have investigated \_\_\_\_\_ adult 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

**Confirmation and invoice will be sent 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))