



# Advanced Forensic Investigation Training

## Forensic Interview Application

\_\_\_\_\_ **March 1-4, 2021** • Application deadline: **December 30, 2020**

Desert Willow Conference Center, Phoenix

\_\_\_\_\_ **May 24-27, 2021** • Application deadline: **March 26, 2021**

Desert Willow Conference Center, Phoenix

\_\_\_\_\_ **September 27-30, 2021** • Application deadline: **August 20, 2021**

Desert Willow Conference Center, Phoenix

\_\_\_\_\_ **December 6-9, 2021** • Application deadline: **October 22, 2021**

Desert Willow Conference Center, Phoenix

### Please Print

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

Agency \_\_\_\_\_

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

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

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

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

### Training Cost: \$850

**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 • [meghan@pcaaz.org](mailto:meghan@pcaaz.org)

Questions ? Contact: Meghan Hays Davis ([meghan@pcaaz.org](mailto:meghan@pcaaz.org)) • 602.410.6223

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