REQUEST FOR COURSE APPROVAL
CONTINUING EDUCATION FOR SPECIAL JUSTICES

☐ Check if this is a new address

Name ____________________________________________
Last                         First                      Middle

Address ____________________________

City ____________________________ State ____________ Zip ____________

E-mail Address ____________________________ Phone _______________________

Special Justice for ☐ Juveniles ☐ Adults ☐ Both

Program Information

Course Sponsor ______________________________________

Course/Program Title ______________________________________

Total Hours ______________________________________

**Please attach program description or other information provided by the course sponsor.**
Sufficient information should be sent to OES to make a determination about the number of credit hours to be awarded and the content and applicability of the program to the duties of a special justice.
A determination concerning approval will be made as quickly as possible; however, please allow at least 15 business days for the determination.

You will be notified via e-mail of the determination.

If you have questions, please contact:

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