

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149 – Raleigh, NC 27602

Telephone: (919) 716-6470

Fax: (919) 716-6752



Form F-12
(Rev. 10/01)

ORIGINAL REQUEST FOR INSTRUCTIONAL AND PROFESSIONAL LECTURER CERTIFICATION

APPLICATION FOR PROBATIONARY GENERAL INSTRUCTOR CERTIFICATION MUST BE MADE WITHIN SIXTY (60) DAYS FROM THE COMPLETION OF THE COURSE.

1. Please type or print clearly. Attach additional sheets if necessary.
2. This form is to be completed by the applicant, signed by the school director, and submitted to the Commission at address listed above.
3. Education and training must be supported by copies of official transcripts, diplomas, agency training records, or other verifying documents attached to this application.
4. All specialized instructors must document current CPR certification which included cognitive and skills testing.

PLEASE CHECK APPLICABLE BLOCKS:
<input type="checkbox"/> Probationary Instructor Certification <input type="checkbox"/> Specialized Instructor Certification in: <input type="checkbox"/> Professional Lecturer Certification in: <input type="checkbox"/> Law <input type="checkbox"/> Medicine <input type="checkbox"/> Psychology

FOR STAFF USE ONLY
YEARS _____ EDUCATION:

PERSONNEL RECORD

Name _____
 (First) (Middle) (Last)

Address _____

County of Residence _____

Home Phone () _____

Date of Birth _____ Age _____ SS# _____
 Month/Day/Year

CURRENT EMPLOYMENT

Agency/Firm Address _____

Rank or Title _____

Present Assignment/Position _____

Office Phone () _____

PRACTICAL EXPERIENCE AS A CRIMINAL JUSTICE OFFICER (OR DIRECTLY RELATED EXPERIENCE)

AGENCY AND UNIT ASSIGNMENT	DATES OF EMPLOYMENT	TITLE OR POSITION
_____	_____	_____
_____	_____	_____

“The Social Security Number is used to make positive identification of application and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.”

COMMISSION ACCREDITED GENERAL AND/OR SPECIFIC INSTRUCTOR TRAINING (OR EQUIVALENT INSTRUCTOR TRAINING)

SCHOOL NAME AND COURSE TITLE	COURSE LENGTH (Hours)	DATE COMPLETED
_____	_____	_____
_____	_____	_____

EDUCATION

NAME OF HIGH SCHOOL	DATES ATTENDED	DIPLOMA? (YES/NO)
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMUNITY OR JUNIOR COLLEGE	DATES ATTENDED	DEGREE/HOURS
_____	_____	_____
_____	_____	_____

UNIVERSITY OR COLLEGE	DATES ATTENDED	DEGREE/HOURS
_____	_____	_____
_____	_____	_____

ATTESTATION

CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT ANY OMISSION, FALSIFICATION OR MISREPRESENTATION OF THE INFORMATION PROVIDED ABOVE MAY RESULT IN CERTIFICATION BEING DENIED, SUSPENDED, OR REVOKED BY THE COMMISSION.

(DATE)

(SIGNATURE OF APPLICANT)

RECOMMENDATION

IT IS RECOMMENDED THAT THE CERTIFICATE REQUESTED BE AWARDED. TO THE BEST OF MY KNOWLEDGE AND BELIEF THE APPLICANT IS OF GOOD MORAL CHARACTER AND HAS THE DESIRE AND THE ABILITY TO PROVIDE EFFECTIVE INSTRUCTION FOR CRIMINAL JUSTICE PERSONNEL.

This the _____ Day of _____ 20, _____ .

(Signature of **CERTIFIED**) School Director

(Name of Accredited School)

Department/Agency and Complete Address

