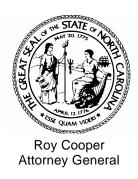
NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION



Sheriffs' Standard Division
POST OFFICE BOX 629, RALEIGH, N. C. 27602
TELEPHONE: 919-716-6460
FAX: 919-716-6753



SECTION I

POST-DELIVERY REPORTDETENTION OFFICER CERTIFICATION COURSE

FORM F-7B

INSTRUCTIONS: Please print or type all information clearly. This form is to be completed by the Sc to the Sheriffs' Standards Division no later than 10 days following completion delivery of the Deter Course. This report covers: (a) any substitution of instructors as originally reported on the Pre-Delive who were not recommended for the state exam due to withdrawal or deficiencies: and (c) the student completed the course. Instructor evaluations and physical assessment data for each student statechment to this report.	ntion Officer Certification ery Report; (b) any trainees ats who participated in and
SPONSOR:	
Name of Accredited Institution/Agency	
Date Course Begin Date Course	e Ended
Instrument Used for Reading Test:	
CERTIFICATION: In my official capacity as School Director and as a duly authorized institution/agency, I submit this report and certify that to the best of my knowledge and be misrepresentations, omissions or falsifications in the foregoing statements and information. I herewith to proceed with delivery of the Detention Officer Certification Course and certify that the prese accordance with the Rules codified as Title 12, Chapter 10B, Sections .0600, .0700, .0800, and .0 Administrative Code.	elief, there are no willful give notice of my intention ntation/delivery will be in
School Director Signature	Date

INSTRUCTOR CHANGES IF FOR ANY REASON YOU USED INSTRUCTORS OTHER THAN THOSE LISTED ON THE PRE-DELIVERY REPORT, PLEASE RECORD THEM IN THE SPACES PROVIDED **NAME BLOCK OF INSTRUCTION TOTAL HOURS** 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25.