NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION



Sheriffs' Standard Division
POST OFFICE BOX 629, RALEIGH, N. C. 27602
TELEPHONE: 919-779-8213
FAX: 919-662-4515



Form F-7T (web version)

REQUEST FOR SCHOOL ACCREDITATION FOR TELECOMMUNICATOR CERTIFICATION COURSE

Instructions:

- 1. This Form F-7T is to be completed and executed by the institutional or agency executive officer.
- 2. Please TYPE or PRINT clearly.

correct to the best of my knowledge and belief.

Signature of Executive Officer

	3. If necessary, attach additional pages and identify responsive information by item number.	
I.	APPLICANT	
Nam	ne of Institution/Agency:	
	tutional/Agency Executive Officer:	
Maili	ing Address:	
II.	DESIGNATED "SCHOOL DIRECTOR"	
Full 1	Name:	
	ent Institutional Title or Agency Rank:	
Profe	essional Address:	
Professional Telephone Number:		_ Pager Number:
	e School Director currently certified as such by the Sheriffs' Education it a "Request for Telecommunicator School Director Certification"	· — · · ·
III.	SCHOOL DIRECTOR'S STATEMENT	
	designated "school director", do hereby certify that I have rea ool director as specified in Title 12 NCAC, Chapter 10B, Section	
	Signature of "School Director"	Date
IV.	REQUEST AND CERTIFICATION	
Stan	the executive officer of the applicant's institution/agency, here dards Commission to grant accreditation with due recognition communicator Certification Course in accordance with Title 12	to deliveries of Commission -accredited Basic

certify that there are no willful misrepresentation, omissions, and that all statements and answers are true and

Date