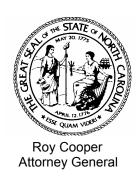
## NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION



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



## PRE-DELIVERY REPORT TELECOMMUNICATOR CERTIFICATION COURSE

FORM F-7A-T web version

**INSTRUCTIONS:** Please print or type all information clearly. This form is to be completed by the School Director and submitted to the Sheriffs' Standards Division <u>a minimum of 30 days</u> prior to the beginning of course delivery. This report must include: (a) an outline of the course including topics and hours; and (b) the names and social security numbers of the instructors; (c) a printed course schedule; and (d) any delivery site rules and regulations not included in the minimum standards for course delivery.

Name of Accordited Institution/Accordi	Mailing Address	
Name of Accredited Institution/Agency	Mailing Address	
School Director	Telephone Number	Pager Number, etc
PROPOSED COURSE:		
Title: TELECOMMUNICATOR CERTIFICATION COL	JRSE	
Hours of Instruction:	Number of Students:	
Location of Delivery:		
Date Course Begins:		
Class Schedule: am/pm Until: am/pm D	Pays per week:	
Anticipated Date and Time for State Examination: Date: _	Time: am/	/pm
Comments:		
<b>CERTIFICATION:</b> In my official capacity as Schoinstitution/agency, I submit this report and certify that misrepresentations, omissions or falsifications in the foregoin to proceed with delivery of the Telecommunicator Certific accordance with the Standards of the North Carolina Sheriff	to the best of my knowledge and ag statements and information. I herewation Course and certify that the pro-	belief, there are no willfurith give notice of my intention esentation/delivery will be in
School Director Signature		Date