NORTH CAROLINA DEPARTMENT OF JUSTICE SHERIFFS'EDUCATION AND TRAINING STANDARDS DIVISION

STUDENT COURSE COMPLETION RECORD TELECOMMUNICATOR CERTIFICATION COURSE

This form should be completed for every telecommunicator certification course enrollee. Host Institution/Agency: ______ Number of Training Hours: _____ Student Name: ____ Date of Birth: ______ SS#: _____ Employing/Sponsoring Agency or Self-Sponsor: Trainee Status: Full-Time Partial Enrollee Completion Status (Place one mark for the appropriate outcome) Successful Completion Failed State Exam Deficiencies Withdrawal State Exam Date: Exam Score: Re-Exam Date: Re-Exam Score: Please place either the numerical grade or one of the following as applies to each topic of instruction: D (Deficient) W (Withdrew) 1. Orientation 2. Introductory Topics for the Telecommunicator 3. Telecommunications Systems and Equipment 4. Civil Liability for Telecommunicators 5. Interpersonal Communications 6. Overview of Emergency Services 7. Communications Resources 8. Call Reception, Prioritization and Resource Allocation 9. Broadcast Techniques, Rules and Procedures 10. Telecommunicator Training Practicum

This document represents student performance, as well as topics covered.

Research Associate - Sheriffs' Standards Division: •