



**Criminal Justice Education and Training Standards Commission  
Criminal Justice Standards Division**

Post Office Drawer 149, Raleigh, NC 27602  
Telephone: (919) 661-5980  
Email: NCDJJ@NCDOJ.GOV

Form F-5D (JJ)  
(Rev. 05-2026)

**APPLICATION FOR CHANGE IN JUVENILE JUSTICE CERTIFICATION**

This form is used to request a change in certification for any officer or court counselor that is currently certified with the North Carolina Department of Public Safety.

**Facility/District:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Acadis ID:** \_\_\_\_\_  
*First Middle Last Suffix*

**Social Security #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Applicant's Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
*Street Address/PO Box City State Zip*

**TRANSFERRING FROM:**

**JUVENILE JUSTICE OFFICER**

**JUVENILE COURT COUNSELOR**

**TRANSFERRING TO:**

**JUVENILE JUSTICE OFFICER**

**JUVENILE COURT COUNSELOR**

**EFFECTIVE DATE:** \_\_\_\_\_ **POSITION STATUS:** **FULL-TIME** **PART-TIME**

**Education Information:**

**High School Verified:** Diploma Equivalency Credential Transcript Other: \_\_\_\_\_

**College Verified:** Diploma Degree Verification Transcript Other: \_\_\_\_\_

**College Degree:** Type of Degree Awarded (AAS, BA, BS, other) \_\_\_\_\_

**Institution Name:** \_\_\_\_\_

**STATE OF NORTH CAROLINA**

**COUNTY OF:** \_\_\_\_\_

I hereby certify that each and every statement made on this form is true and complete. As the applicant for certification, I attest that I am aware of the minimum standards for employment, that I meet each of those requirements, that the information provided and all other information submitted by me, both oral and written throughout the employment certification process is accurate to the best of my knowledge. **I further understand and agree that any omission, falsification, or misrepresentation of any factor or portion of such information can be the sole basis for termination of my employment and /or denial, suspension or revocation of my certification at any time, now or later. I further understand that I have a continuing duty to notify the Commission of all criminal offenses which I am arrested for or charged with, plead no contest to, plead guilty to or am found guilty of.**

Subscribed and sworn to before me,  
this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public (Official Seal)

\_\_\_\_\_  
(Applicant's Signature in Full)

My Commission Expires \_\_\_\_\_, 20\_\_\_\_

I, as an official representative of the appointing agency, do submit to the Commission the above-named appointee as a candidate for certification. The candidate meets or exceeds each of the minimum standards for employment and this agency had properly conducted the required employment procedures as established by the Commission and incorporated into 12 NCAC 09. All documents necessary to insure compliance with the rules of the Code are being retained in the personnel files of this agency and may be inspected at any reasonable time by representatives of the Commission. **I acknowledge that any omission, falsification or misrepresentation of information or procedures, by either the candidate or this agency throughout the employment and/or certification process, may result in certification being denied, suspended or revoked by the Commission at any time, now or later.**

\_\_\_\_\_  
Signature of Executive Officer or Authorized Representative

\_\_\_\_\_  
Printed Name / Title

\_\_\_\_\_  
Date