



CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION
PO Drawer 149, Raleigh, NC 27602-0149
(919) 661-5980 | CJExam@ncdoj.gov

COMMISSION EXAM ADMISSION FORM

(Must be signed by a certified School Director)

Form F-23
(Rev. 06-2025)

Upon completion of a Commission-mandated training course, a student must pass the corresponding Commission written examination in order to become eligible for certification. To register for the exam, contact the Criminal Justice Standards Division by email at cjexam@ncdoj.gov. Once registered, you must present this completed form, signed by a certified School Director, along with photo identification to the exam administrator at the time of your exam. **Students must be dressed in their BLET academy uniforms, agency uniforms, or professional attire when presenting themselves to sit for any state examination.**

Course Information

Pre-Delivery Number: _____

Exam Location: _____ Exam Date: _____

First-Time Exam Admission

Basic Law Enforcement Training

Instructor Training

Specialized Instructor Training:

Firearms HAZMAT L.E. Driver Physical Fitness CCT RCDT (DJJ)

SMI Instructor _____ (Specify Course) Recertification

SMI Operator _____ (Specify Course) Recertification

Juvenile Justice Officer: 50 100 Juvenile Court Counselor: 50 100

Other _____

Re-Exam Admission

Original Exam Date/Location: _____

Basic Law Enforcement Training

Instructor Training

SMI Operator _____ (Specify Course) SMI Motor Skills SMI Instrument Sign-off

Juvenile Justice Officer: 50 100 Juvenile Court Counselor: 50 100

School Information

I, the undersigned, stipulate that the trainee(s) listed herein completed all required course work, and I request examination or re-examination for the trainee(s).

School Where Course Completed: _____

School Director: _____
(Print) (Signature)

Email (where test results will be sent): _____ Phone #: _____

For Exam Administrator Use Only

Student(s) Registered for Exam: Yes No Photo ID Presented: _____
Type and Number

Exam Administrator: _____
Print Name Signature

Trainee Name (Last, First, Middle)	Acadis ID #	P	F*	F	F-23	Trainee Name (Last, First, Middle)	Acadis ID #	P	F*	F	F-23
1						26					
2						27					
3						28					
4						29					
5						30					
6						31					
7						32					
8						33					
9						34					
10						35					
11						36					
12						37					
13						38					
14						39					
15						40					
16						41					
17						42					
18						43					
19						44					
20						45					
21						46					
22						47					
23						48					
24						49					
25						50					