

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

Criminal Justice Standards Division



Post Office Drawer 149

Raleigh, NC 27602

Telephone 919-661-5980

Form F-10A
(Rev. 09-2025)

PRE-DELIVERY REPORT OF TRAINING COURSE PRESENTATION

INSTRUCTIONS:

(1) This form is to be completed by the certified School Director and submitted to CJ Standards NO later than (30) days prior to commencement of the course delivery.

(2) Utilize the correct Pre-delivery Report of Instructors:

- a. Attachment I-BLET Course ([Attachment I NOT needed for SMI Courses](#))
- b. Attachment II-All other courses

Ensure you have verified the certification of ALL instructors will be valid when scheduled to teach an indicated block of instruction.

(3) **ALL Courses:** Attach a copy of the schedule, any rules, regulations or requirements adopted by your delivery site for student use.

(4) CJ Standards MUST be notified via email when a course is cancelled.

I. DELIVERY SITE

A. Name of Accredited Institution/Agency: _____

II. PROPOSED COURSE

Instructor Training BLET CCT Instructor First Responder LE Firearms Instructor
 L.E. Driver Training Physical Fitness Instructor HAZMAT DAC Firearms Instructor Drug Diversion Investigator
 Rapid Deployment Instructor CRDT Instructor RCDT Instructor Juvenile Justice Basic Officer
Juvenile Justice Basic Court Counselor SMI
Correctional Officer Basic Training Probation/Parole Officer Basic Training DAC CRDT DAC Firearms

A. Number of Course Hours: _____ Location of Course Delivery: _____

****BLET Courses Only - Minimum Passing Score for End of Block Tests:** **70** **75** **Other:** _____

B. Commencement Date: _____ Course Completion Date: _____ Anticipated Class Size: _____

C. Classes Scheduled To Meet: _____

D. Requested State Exam Date (*Must Be Within 60 Days of Class Completion*): _____

III. ACADIS ONLINE ACCESS INFORMATION

List ALL Academy Staff who need Acadis Online Access for this course:

School Director Name	Acadis ID Number	Qualified Assistant Name	Acadis ID Number
Qualified Assistant Name	Acadis ID Number	Administrative Assistant Name	Acadis ID Number
Qualified Assistant Name	Acadis ID Number	Administrative Assistant Name	Acadis ID Number

IV. NOTICE OF INTENT AND CERTIFICATION

In my official capacity as certified School Director and as duly authorized representative for my institution/agency's executive officer certify that the documentation submitted for the above Commission Course meets the minimum standards as specified by the North Carolina Administrative Code.

Print Certified School Director Name

E-mail address of Certified School Director

Signature of Certified School Director

Date Signed

I. PRE-DELIVERY REPORT INSTRUCTORS (Other than BLET*)

*BLET Courses should list ALL instructors on the BLELT Schedule to be submitted with this form.

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Please list Instructor's legal name, no nicknames.

Date: _____ **School:** _____