



CRIMINAL JUSTICE STANDARDS DIVISION
POST OFFICE DRAWER 149, RALEIGH, NC 27602
(919) 661-5980
SMI@ncdoj.gov

WRITTEN ENDORSEMENT TO ATTEND SUPPLEMENTAL SMI TRAINING

PLEASE PROVIDE THE BELOW INFORMATION AS IT APPLIES TO YOUR APPLICATION

SMI-16

(Rev. 06-2025)

NOTE: Each individual officer must bring a current copy of his/her SMI Certificate and the page listing the SMI Instrument(s) they are currently certified to use.

Date(s) of Training: _____

Location of Training: _____

Instructor Name:

Instructor Acadis #:

Instructor Name:

Instructor Acadis #:

TO BE COMPLETED BY SCHOOL DIRECTOR, AGENCY HEAD, HIS/HER DESIGNEE, OR IN-SERVICE TRAINING COORDINATOR

By signing below, I certify that I have reviewed the above information and find it contains accurate data concerning applicant(s). I have determined that the applicant(s) should be nominated to attend supplemental SMI training, which shall meet the requirements as outlined in *12 NCAC 09B .0215*.

Print Name:

Agency/Institution:

Title:

Email:

Phone:

Signature

Date