



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)

Full Name (last, first middle)	Acadis # (xxxx-xxxx)	Email Address	Agency	Instruments Currently Certified With

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 #:** _____ *Signature*

Instructor Name: _____ **Instructor Acadis #:** _____ *Signature*

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