

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

POST OFFICE DRAWER 149, RALEIGH, NC 27602

TELEPHONE: (919) 661-5980

SMI OPERATOR SUPERVISED FIELD INSTRUCTION / PRACTICE LOG

FORM SMI-15

(Rev. 10-2025)

ALL FORMS MUST BE EMAILED TO: SMI@NCDOJ.GOV

INSTRUCTIONS

This form must be completed in its entirety by each trainee who does not have a prior N.C. SMI Certification. This form must be **received** by the Criminal Justice Standards Division at **SMI@ncdoj.gov** within **90 days** of completion of a Commission-accredited Radar or Radar/Lidar Operator Course in order to receive operator certification (12 NCAC 09B .0409). During this practice period, a trainee may not issue a citation for an offense that requires admission as evidence of the instrument reading pursuant to G.S. 8-50.2. A minimum of **720 minutes** of supervised field practice is required. If trainee possesses a prior stationary-only certification, an hourly log must be submitted and may contain a minimum of **480 minutes** of supervised field practice, but must be in moving mode configurations. If the prior certification was for moving instruments and certification is sought for instruments with same direction mode, the trainee must complete **240 minutes** of practice in same direction mode. Field practice shall be conducted under supervision of a certified SMI Operator or Instructor certified on the instrument being utilized and under realistic conditions. **Breaks, such as responding to calls, meal periods, etc. shall not be included within the practice hours.** If trainee is seeking certification on more than one instrument, he/she must utilize the instrument containing the most features. If the instrument utilized has multiple functions and modes, the minimum required Field Practice time shall be evenly divided among the Approved configurations being sought by the trainee. During field practice/instruction, trainees shall follow the Attesting for accuracy and operating procedures outlined in Appendix A of the Supplement for SMI Training Courses published by the N.C. Justice Academy.

<u>Date</u>	Operating Mode , Antenna	Operating Practice Time			NC Certified Operator/Instructor Providing Supervision		
		Start (e.g. 19:23)	End (e.g. 21:44)	Min	Print Full Name	Signature	Acadis ID #
MM/DD/YY	Mode Configuration						

Trainee Name (*print*): _____ Acadis ID #: _____ Employing Agency: _____

Operator Course Location: _____ Date Completed: _____ Instrument Used: _____
(Field Practice)

OPERATOR'S STATEMENT OF PERFORMANCE

Seeking certification in the operation of (*check all that apply*): Stationary Moving, Single Antenna only Moving, Dual Antenna Same Direction

I, the undersigned, hereby affirm I have received a minimum of 240 480 720 minutes of supervised field instruction/practice as indicated above, and that this field practice was executed in conformance with the above instructions and guidelines established in the RADAR OPERATOR MANUAL published by the North Carolina Justice Academy.

Signature of Trainee

Trainee Email Address

Date

