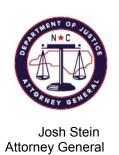
NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION



Sheriffs' Standard Division
POST OFFICE BOX 629, RALEIGH, N. C. 27602
TELEPHONE: 919-779-8213
FAX: 919-662-4515



Diane Konopka Director

web version

Form I-1

REQUEST FOR SCHOOL DIRECTOR QUALIFICATION DETENTION OFFICER CERTIFICATION COURSE

- 1. Please type or print clearly. Attach additional sheets if necessary.
- 2. This form is to be completed by the applicant and submitted to the Commission at:

Post Office Box 629 Raleigh, N.C. 27602

3. EDUCATION AND TRAINING MUST BE SUPPORTED BY COPIES OF ORIGINAL TRANSCRIPTS, DIPLOMAS, AGENCY TRAINING RECORDS, OR OTHER VERIFYING DOCUMENTS ATTACHED TO THIS APPLICATION.

Nam	e:					
	(First)	(Middle)		(Last)		
Hom	e Address:					
	(Street Number) (Street Name)		(City/State)	(Zip Code)		
Busir	ness Address:					
	(Street Number) (Street Name)		(City/State)			
Hom	e Phone Number:	Bus	Business Phone Number:			
						
		Personnel Reco	<u>ra</u>			
A.	Date of Birth:	Age:	SS#:			
	County of Residence:					
_	Have very avecage. Hy accordated as inc	-444	arrage afferment broother Nighth Co	line Onimainel		
В.	Have you successfully completed an instructor training course offered by the North Carolina Criminal Justice Education and Training Standards Commission, or an equivalent program approved by the					
		•		proved by the		
	Commission? Yes No (If	yes, provide do	cumentation)			
C.	Are you currently certified as a criminal	iustice instructor	through the Criminal Justice	Education and		
O .	Training Standards Commission? Y					
	rraining Standards Commission? T	es III no (ii yes	, noi ceruncauon number) _			

Practical Experience

A.	Do you have any experience as a criminal justice office	cer? Yes No					
	If yes, list department(s) and\or agencies, position(s), and number of years.						
	1. Department/Agency(s):						
	2. Position(s):						
	3. Number of Years:						
B.	Please provide information regarding your experience as an administrator or specialist in a field directly related to the criminal justice system. Include department(s) and\or agencies, job titles, and number of years.						
C.	Do you have any experience as a certified instructor?						
	Briefly outline your experience:						
	Educational Bac (Please note: A copy of diplomas or office						
A.	High School Graduate? Yes No (If yes	s, list school and dates attended)					
High	gh School:	Dates Attended:					
B.	If you received a General Education Development (G received.	ED) Certificate list the issuing institution and date					
Issuir	uing Institution:	Dates Attended:					
C.	If you attended a community or junior college, and \or a four year university or college list school(s), date(s) attended, type of degree(s), and total number of semester\quarter hours.						
Colle	lege/University:	Dates Attended:					
Type Degree:		Credit Hours:					

General Requirements

		and Training Standards school directors. Would					
Yes I	No	(If no, please expl	ain)				
acknowledge t	that any o	ion contained in this ap mission, falsification, or d, suspended, or revoke	misrepresei	rue and correct			esult in
	(Sig	nature of Applicant)				Date	
			Recommend	dation			
	al charact	he certificate requested er, and has the desire a rse.					
This the	_ day of _	,					
(Signature o	of Departr	ment or School Head)		(Name of A	Accredited Depart	tment or Scho	ool)