

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



Josh Stein
Attorney General



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.

Name: _____
(First) (Middle) (Last)

Home Address: _____
(Street Number) (Street Name) (City/State) (Zip Code)

Business Address: _____
(Street Number) (Street Name) (City/State) (Zip Code)

Home Phone Number: _____ Business Phone Number: _____

Personnel Record

A. Date of Birth: _____ Age: _____ SS#: _____

County of Residence: _____

B. 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 Commission? Yes No (If yes, provide documentation)

C. Are you currently certified as a criminal justice instructor through the Criminal Justice Education and Training Standards Commission? Yes No (If yes, list certification number) _____

Practical Experience

A. Do you have any experience as a criminal justice officer? 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? Yes No

Briefly outline your experience:

Educational Background

(Please note: A copy of diplomas or official transcripts must be attached)

A. High School Graduate? Yes No (If yes, list school and dates attended)

High School: _____ Dates Attended: _____

B. If you received a General Education Development (GED) Certificate list the issuing institution and date received.

Issuing 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.

College/University: _____ Dates Attended: _____

Type Degree: _____ Credit Hours: _____
