



NORTH CAROLINA DEPARTMENT OF JUSTICE  
SHERIFFS' STANDARDS DIVISION

Josh Stein  
Attorney General

PO DRAWER 629  
RALEIGH NC 27602-0629  
PHONE: (919) 779-8213 • FAX: (919) 662-4515

Richard Squires  
Director

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**REQUEST FOR DETENTION OFFICER INSTRUCTOR CERTIFICATION**

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FORM I-2  
(web version)

**Please Check:**

- Original Application       Renewal Application
- Requesting General Detention Officer Instructor Certification
- Requesting Limited Lecturer Instructor Certification
- Requesting Professional Lecturer Instructor Certification

Please include along with the application copies of supporting documentation (i.e. copies of specific instructor certification, degrees, etc...)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_

**Phone Numbers: Home:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**1. Personnel Record:**

**A. Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**B. Current Employment:**

**Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street Number

Street Name

City/State

Zip Code

**Rank or Title:** \_\_\_\_\_

**Present or Assigned Position** \_\_\_\_\_

**C. Are you currently certified as an instructor through Criminal Justice Education and Training Commission?**

Yes

No

If yes, Certification Number: \_\_\_\_\_

D. Have you successfully completed the North Carolina Sheriffs' Education and Training Standards Commission approved Detention Officer Certification Course?  Yes  No

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Where Attended

Course Length (Hours)

Date Completed

2. **Practical Experience:** Do you currently hold valid Detention Officer or Correctional Officer Certification?

Yes

No

Date Received:

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**Agency & Unit Assignment, Dates of Employment, Title or Position.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. If applying for either an initial or renewal Limited Lecturer Certification, please check which block of instruction(s) and **attach** documentation verifying that required certifications specified in brackets below is valid: *(NOTE: All Limited Lecturer Certifications must also include a copy of current CPR certification).*

First Aid & CPR (Red Cross First Aid Instructor, Physician, Nurse Practitioner, LPN, RN, PA or EMT).

Subject Control Techniques (Defense Tactics Instructor with CJ Standards and completion of any training update related to this curriculum.

Fire Emergencies (Certified Fire Instructor or Explosives/HAZMAT Instructor).

Medical Care in the Jail (Physician, Nurse Practitioner, LPN, RN, PA, or EMT).

Physical Fitness for Detention Officers (Physical Fitness Instructor with CJ Standards).

4. If you are applying as a professional lecturer please supply documents to validate credentials.

5. **Attest:** I certify that the information contained in this application is true and correct to the best of my knowledge. I acknowledge that any omission, falsification, or misrepresentation of the information provided above may result in certification being denied, suspended, or revoked by the Commission.

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(Signature of Applicant or Agency Head)

(Date)

6. **Recommendation:** It is recommended that the certificate requested be awarded. To the best of my knowledge and belief, the applicant is of good moral character, and has the desire and ability to provide effective instruction for criminal justice personnel.

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(Signature of School Director)

(Date)