



NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION

JOSH STEIN
ATTORNEY GENERAL

POST OFFICE BOX 629
RALEIGH, NC 27602 - 0629
TELEPHONE: 919-779-8213 FAX: 919-662-4515

RICHARD SQUIRES
DIRECTOR

REQUEST FOR TELECOMMUNICATOR INSTRUCTOR CERTIFICATION

FORM I-2-T
(web version)

Please Check:

- Original Application Renewal Application
- Requesting Professional Lecturer Telecommunicator Instructor Certification
- Requesting General Telecommunicator Instructor Certification

Name: _____

Address: _____

County of Residence: _____ **Phone #: Home:** _____ **Office:** _____

A. Personnel Record:

Email Address: _____

Date of Birth: _____ **Social Security Number:** _____

Current Employment: _____

Agency and Address: _____
Street Number Street Name City/State Zip Code

Rank or Title: _____

Present Assignment or Position: _____

B. If you are applying as a **Professional Telecommunicator Lecturer** to teach **only** the block **Civil Liability for the Telecommunicator**, you must have: (1) graduated from an accredited law school: AND (2) obtained the endorsement of a commission -certified School Director as indicated by signing this application.

Indicate where you attended law school and date of graduation. Attach a copy of diploma or bar card:

C. If you are applying for **General Telecommunicator Instructor Certification**, you must hold General Instructor Certification through the North Carolina Criminal Justice Education and Standards Commission AND have either:

1. Successfully completed a commission -accredited Telecommunicator Certification Course; OR
2. Hold a valid General or Grandfather Telecommunicator Certification.

OR you may qualify for a waiver. (see Section D.)

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

Yes No Certification Number: _____

(If yes, a copy of your certificate must be attached)

Have you successfully completed the North Carolina Sheriffs' Education and Training Standards Commission Approved Telecommunicator Certification Course? Yes No

Where Attended: _____ Date Completed: _____

Do you currently hold v alid General or Grandfather Telecommunicator Certification?

Yes No

D. If you are applying for a waiver of the initial **General Telecommunicator Instructor Certification**, you must have previously instructed a minimum of eight (8) hours in a commission-accredited Telecommunicator Certification Course prior to 04/01/2001 and within one year of the date of this application. If you have done so, please specify:

Agency (s)/college (s)	Date (s) and hours	Block (s) of Instruction

Attestation

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.

_____ _____
Date Signature of Applicant or Agency Head

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.

_____ _____
Date Signature of School Director