

**NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' EDUCATION AND TRAINING STANDARDS DIVISION
STUDENT COURSE COMPLETION RECORD TELECOMMUNICATOR CERTIFICATION COURSE**

This form should be completed for every telecommunicator certification course enrollee.

Host Institution/Agency: _____ Number of Training Hours: _____

Student Name: _____ Reading Grade Test & Score: _____

Date of Birth: _____ SS#: _____

Employing/Sponsoring Agency or Self-Sponsor: _____

Trainee Status:
 Full-Time Partial Enrollee

Completion Status (Place one mark for the appropriate outcome)

Successful State Exam: _____ Deficiencies: _____
 Failed State Exam: _____ Withdrawal: _____ Withdrawal Date: _____

State Exam Date: _____ Exam Score: _____

Re-Exam Date: _____ Re-Exam Score: _____

Please place either the numerical grade or one of the following as applies to each topic of instruction:

D (Deficient)	W (Withdrew)
1. Orientation	
2. Introductory Topics for the Telecommunicator	
3. Telecommunications Systems and Equipment	
4. Civil Liability for Telecommunicators	
5. Interpersonal Communications	
6. Overview of Emergency Services	
7. Call Reception and Prioritization	
8. Broadcast Techniques and Resource Allocation	
9. Telecommunicator Training Practicum	

This document represents student performance, as well as topics covered.