

NORTH CAROLINA DEPARTMENT OF JUSTICE

SHERIFFS' STANDARDS DIVISION

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Richard Squires
Director

REQUEST FOR	DETENTION OFFICER INSTRU	CTOR CERTIFICATION	DN	
Please Check:	Applications can be emailed to sstraining@ncdoj.gov		FORM I-2 (web version	
	Original Application Rene	ewal Application		
	ral Detention Officer Instructor Certif			
_ ` `	ed Lecturer Instructor Certification	noution		
	Requesting Professional Lecturer Instructor Certification			
	cation copies of supporting document		fic instructor	
certification, degrees, etc)	sation copies of supporting document	ation (i.e. copies of speci-	ine inistractor	
Name:				
Address:				
Auuress:				
County of Residence: Phone Numbers: Home: Office:				
1. Personnel Record:				
A. Date of Birth:	Age:	Social Security Number	arity Number:	
Email Address:				
B. Current Employment:				
Address:	Street Name			
Street Number	Street Name	City/State	Zip Code	
Rank or Title:				
Present or Assigned Position				
C. Are you currently certified as an	n instructor through Criminal Justice	Education and Training C	Commission?	
□ Yes □ No	If yes, Certification N	umber:		

approved Detention Officer Certific	he North Carolina Sheriffs' Education and Training Standards Commission cation Course? Yes No
Where Attended	Course Length (Hours) D ate Completed
2. Practical Experience: Do you current	tly hold valid Detention Officer or Correctional Officer Certification?
Yes No Da	ate Received:
Agency & Unit Assignment, Dates of E	
2	
3	
instruction(s) and attach documentati	ewal Limited Lecturer Certification, please check which block of on verifying that required certifications specified in brackets below is valid: cations must also include a copy of current CPR certification).
First Aid & CPR (Red Cross First A	aid Instructor, Physician, Nurse Practitioner, LPN, RN, PA or EMT).
· `	se Tactics Instructor with CJ Standards and completion of any training
Fire Emergencies (Certified Fire Ins	structor or Explosives/HAZMAT Instructor).
Medical Care in the Jail (Physician,	Nurse Practitioner, LPN, RN, PA, or EMT).
Physical Fitness for Detention Offic	eers (Physical Fitness Instructor with CJ Standards).
4. If you are applying as a professional le	ecturer please supply documents to validate credentials.
•	ontained in this application is true and correct to the best of my knowledge. fication, or misrepresentation of the information provided above may result d, or revoked by the Commission.
(Signature of Applicant or Agency Head)	(Date)
	that the certificate requested be awarded. To the best of my knowledge and haracter, and has the desire and ability to provide effective instruction for
(Signature of School Director)	(Date)