

IN -SERVICE TRAINING COORDINATOR
Agency Record of Person Designated as In-service Training Coordinator
Form F-18 (ITC)

(01/25)

Criminal Justice Standards Division
Post Office Drawer 149
Raleigh, NC 27602
(919) 661-5980
(919) 779-8210

Sheriffs' Standards Division
Post Office Box 629
Raleigh, NC 27602
(919) 779-8213
Fax (919) 662-4515

Email Complete Form to: Instructor@ncdoj.gov

Email Complete Form to: SSinservice@ncdoj.gov

MUST BE ON FILE WITH CRIMINAL JUSTICE STANDARDS DIVISION OR SHERIFFS' STANDARDS DIVISION
PRIOR TO AGENCY AUTHORIZING THIS PERSON TO SIGN IN-SERVICE TRAINING RECORDS
Attach Copy of NCJA Training Course Completion Certificate

1. Please type or print clearly.
2. This form is to be completed by the applicant, signed by the agency head/designee, and submitted to the Commission at the address listed above.
3. The applicant must have four (4) years of practical experience as a criminal justice officer or as an administrator or specialist in a field closely related to the criminal justice system **and** hold general instructor certification **and** have successfully completed the In-Service Training Coordinator Course.
4. **NOTE:** A new form F-18 **MUST** be completed and submitted to the Standards Division whenever a new In-Service Training Coordinator is designated by an agency.

AGENCY NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____
Street/PO Box City Zip

APPLICANT NAME: _____
(First, Middle, Last) Email Address

INSTRUCTOR CERTIFICATE #: _____
Date of Birth

IN-SERVICE TRAINING COORDINATOR COURSE: _____
(Location and Date Completed)

I attest the above named applicant meets the requirements as set forth above.

Agency Head (Print Name)

Agency Head Signature & Date Email Address

(Staff Use Only)

The above named applicant is hereby authorized to perform the duties and responsibilities of In-Service Training Coordinator as set out in 12 NCAC 09E .0110 or 12 NCAC 10B .2006.

Division Authorizing Signature Date