



**NORTH CAROLINA DEPARTMENT OF JUSTICE  
SHERIFFS' STANDARDS DIVISION**

JEFF JACKSON  
ATTORNEY GENERAL

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RICHARD SQUIRES  
DIRECTOR

eff. 01/2025

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**REQUEST FOR SCHOOL DIRECTOR QUALIFICATION  
TELECOMMUNICATOR CERTIFICATION COURSE**

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1. Please type or print clearly. Attach additional sheets if necessary.
2. This form is to be completed by the applicant and submitted to the Commission at:

Post Office Box 629  
Raleigh, N.C. 27602

3. EDUCATION AND TRAINING MUST BE SUPPORTED BY COPIES OF ORIGINAL TRANSCRIPTS, DIPLOMAS, AGENCY TRAINING RECORDS, OR OTHER VERIFYING DOCUMENTS ATTACHED TO THIS APPLICATION.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_  
(Street Number) (Street Name) City/State (Zip Code)

Business Address: \_\_\_\_\_  
(Street Number) (Street Name) (City/State) (Zip Code)

Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

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**Personnel Record**

A. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

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

B. Have you successfully completed an instructor training course offered by the North Carolina Criminal Justice Education and Training Standards Commission, or an equivalent program approved by the Commission?  Yes  No (If yes, provide documentation)

C. Are you currently certified as a criminal justice instructor through the Criminal Justice Education and Training Standards Commission?  Yes  No (If yes, list certification number) \_\_\_\_\_

### Practical Experience

- A. Do you have any experience as a criminal justice officer?  Yes  No

If yes, list department(s) and/or agencies, position(s), and number of years.

1. Department/Agency(s): \_\_\_\_\_

2. Position(s): \_\_\_\_\_

3. Number of Years: \_\_\_\_\_

- B. Please provide information regarding your experience as an administrator or specialist in a field directly related to the criminal justice system. Include department(s) and/or agencies, job titles, and number of years.

- C. Do you have any experience as a certified instructor?  Yes  No

Briefly outline your experience:

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### Educational Background

(Please note: A copy of diplomas or official transcripts must be attached)

- A. High School Graduate?  Yes  No (If yes, list school and dates attended)

High School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

- B. If you received a General Education Development (GED) Certificate list the issuing institution and date received.

Issuing Institution: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

- C. If you attended a community or junior college, and/or a four year university or college list school(s), date(s) attended, type of degree(s), and total number of semester/quarter hours.

College/University: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Type Degree: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

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**General Requirements**

The Sheriffs' Education and Training Standards Commission must require that a certified school director attend a yearly conference for all school directors. Would you, as a certified director be willing to attend such a conference?

Yes    No      **(If no, please explain)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

\_\_\_\_\_  
**(Signature of Applicant)**

\_\_\_\_\_  
**Date**

**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 effectively act as a school director for the Telecommunicator Certification Course.

This the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**(Signature of Department or School Head)**

\_\_\_\_\_  
**(Name of Accredited Department or School)**