NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION
PO DRAWER 629
RALEIGH NC 27602-0629
PHONE: (919) 779-8213 • FAX: (919) 662-4515

JEFF JACKSON
ATTORNEY GENERAL

WILLIAM MITCHELL
DIRECTOR

REQUEST FOR DETENTION OFFICER INSTRUCTOR CERTIFICATION

FORM I-2
(eff. 01/2025)

Applications can be emailed to sstraining@ncdoj.gov

Please Check:

☐ Original Application ☐ Renewal Application

☐ Requesting General Detention Officer Instructor Certification
☐ Requesting Limited Lecturer Instructor Certification
☐ Requesting Professional Lecturer Instructor Certification

Please include along with the application copies of supporting documentation (i.e. copies of specific instructor certification, degrees, etc…)

Name:

_____

Address:

_____

County of Residence: **Phone Numbers: Home:** **Office**:

1. Personnel Record:

A. Date of Birth: **Age:** **Social Security Number:**

Email Address:

B. Current Employment:

Agency:_____

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

Rank or Title:_____

Present or Assigned Position _____

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

☐ Yes ☐ No If yes, Certification Number:

D. Have you successfully completed the North Carolina Sheriffs' Education and Training Standards Commission approved Detention Officer Certification Course? ☐ Yes ☐ No

_____

Where Attended Course Length (Hours) D ate Completed

2. Practical Experience: Do you currently hold valid Detention Officer or Correctional Officer Certification?

☐ Yes ☐ No Date Received:

_____

Agency & Unit Assignment, Dates of Employment, Title or Position.

1._____

2. _____

3. _____

3. If applying for either an initial or renewal Limited Lecturer Certification, please check which block of instruction(s) and **attach** documentation verifying that required certifications specified in brackets below is valid: ***(NOTE: All Limited Lecturer Certifications must also include a copy of current CPR certification).***

☐ First Aid & CPR (Red Cross First Aid Instructor, Physician, Nurse Practitioner, LPN, RN, PA or EMT).

☐ Subject Control Techniques (Defense Tactics Instructor with CJ Standards and completion of any training update related to this curriculum.

☐ Fire Emergencies (Certified Fire Instructor or Explosives/HAZMAT Instructor).

☐ Medical Care in the Jail (Physician, Nurse Practitioner, LPN, RN, PA, or EMT).

☐ Physical Fitness for Detention Officers (Physical Fitness Instructor with CJ Standards).

4. If you are applying as a professional lecturer please supply documents to validate credentials.

5. 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 or Agency Head) (Date)

6. 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.

_____

(Signature of School Director) (Date)