NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION
POST OFFICE BOX 629
RALEIGH, NC 27602 - 0629
TELEPHONE: 919-779-8213 FAX: 919-662-4515

JEFF JACKSON
ATTORNEY GENERAL

WILLIAM MITCHELL
DIRECTOR

eff. 08/2025

REQUEST FOR SCHOOL DIRECTOR QUALIFICATION
TELECOMMUNICATOR CERTIFICATION COURSE

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: _____

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:

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: _____

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)**