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

JEFF JACKSON
ATTORNEY GENERAL

POST OFFICE BOX 629
RALEIGH, NC 27602 - 0629
TELEPHONE: 919-779-8213 FAX: 919-662-4515

WILLIAM MITCHELL
DIRECTOR

Form F-7T (eff. 08/2025)

# REQUEST FOR SCHOOL ACCREDITATION FOR TELECOMMUNICATOR CERTIFICATION COURSE

Instructions:
1. This Form F-7T is to be completed and executed by the institutional or agency executive officer.
2. Please TYPE or PRINT clearly.
3. If necessary, attach additional pages and identify responsive information by item number.

## I. APPLICANT

Name of Institution/Agency: _____

Institutional/Agency Executive Officer: _____

Mailing Address: _____

## II. DESIGNATED "SCHOOL DIRECTOR"

Full Name: _____

Current Institutional Title or Agency Rank: _____

Professional Address: _____

Professional Telephone Number: _____ Pager Number: _____

Is the School Director currently certified as such by the Sheriffs' Education and Training Standards Commission? (If not, please submit a "Request for Telecommunicator School Director Certification" (Form -1T) ☐ Yes ☐ No

## III. SCHOOL DIRECTOR'S STATEMENT

I, as designated "school director", do hereby certify that I have read and understand the responsibilities of a school director as specified in Title 12 NCAC, Chapter 10B, Section .0709.

_____ _____
Signature of "School Director" Date

## IV. REQUEST AND CERTIFICATION

I, as the executive officer of the applicant's institution/agency, herewith request the Sheriffs' Education and Training Standards Commission to grant accreditation with due recognition to deliveries of Commission -accredited Basic Telecommunicator Certification Course in accordance with Title 12 NCAC, Chapter 10B, Section .0804. I hereby certify that there are no willful misrepresentation, omissions, and that all statements and answers are true and correct to the best of my knowledge and belief.

_____ _____
Signature of Executive Officer Date