



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

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WILLIAM MITCHELL
DIRECTOR

**PRE-DELIVERY REPORT
TELECOMMUNICATOR CERTIFICATION COURSE**

Please submit forms to sstraining@ncdoj.gov

FORM F-7A-T

INSTRUCTIONS: Please print or type all information clearly. This form is to be completed by the School Director and submitted to the Sheriffs' Standards Division **a minimum of 30 days** prior to the beginning of course delivery. This report must include: (a) an outline of the course including topics and hours; and (b) the names and social security numbers of the instructors; (c) a printed course schedule; and (d) any delivery site rules and regulations not included in the minimum standards for course delivery.

DELIVERY SITE:

_____	_____
Name of Accredited Institution/Agency	Mailing Address
_____	_____
School Director	Telephone Number
	Cell Number, etc.

PROPOSED COURSE:

Title: TELECOMMUNICATOR CERTIFICATION COURSE

Hours of Instruction: _____ Number of Students: _____

Location of Delivery: _____

Date Course Begins: _____

Class Schedule: _____ am/pm Until: _____ am/pm Days per week: _____

Anticipated Date and Time for State Examination: Date: _____ Time: _____ am/pm

Comments: _____

CERTIFICATION: In my official capacity as School Director and as a duly authorized representative for my institution/agency, I submit this report and certify that to the best of my knowledge and belief, there are no willful misrepresentations, omissions or falsifications in the foregoing statements and information. I herewith give notice of my intention to proceed with delivery of the Telecommunicator Certification Course and certify that the presentation/delivery will be in accordance with the Standards of the North Carolina Sheriffs' Education and Training Standards Commission.

_____	_____
School Director Signature	Date