



**SHERIFFS' EDUCATION AND TRAINING AND STANDARDS COMMISSION
SHERIFFS' STANDARDS DIVISION**

POST OFFICE BOX 629 RALEIGH, NC 27602 - 0629

TELEPHONE: 919-779-8213

EMAIL: SSPROCERTS@NCDOJ.GOV

APPLICATION FOR PROFESSIONAL CERTIFICATE/SERVICE AWARD

Deputy Sheriff ☐ Detention Officer ☐ Telecommunicator ☐

FOR STANDARDS DIVISION USE ONLY

Received: _____

Processed: _____

Evaluating Official: _____

Point Computation: Education _____ Points
Training _____ Points
Total _____ Points

Years of Creditable Experience: _____

Degree: _____

Recommended Issuance of: _____

Form F-6 (Rev. 09/2025)

INSTRUCTIONS:

1. Please type or print clearly.
2. This form is to be completed by the FULL-TIME applicant and forwarded to his/her agency head for recommendation and signature.
3. Training must be supported by copies of agency training records to include type of training, chronological date of training, and location of training. ALL AGENCY TRAINING RECORDS MUST BE SIGNED BY YOUR SHERIFF OR TRAINING OFFICER. Other verifying document of training may be attached if an agency training record is not available.
4. Education must be supported by official transcripts or copies of diplomas and/or degree (s).
5. Years of full-time service must be supported by documentation from the employing agency. email to: ssprocerts@ncdoj.gov

TO BE COMPLETED BY APPLICANT

Name (PLEASE PRINT AS DESIRED ON CERTIFICATE) _____

Applicant's Home Address: _____

Last four SS#: _____ Date of Birth: _____ Email: _____

Applicant's Employing Agency: _____

APPLICATION FOR CERTIFICATE:

Intermediate Certificate - Deputy Sheriff ☐ Detention Officer ☐ Telecommunicator ☐

Advanced Certificate - Deputy Sheriff ☐ Detention Officer ☐ Telecommunicator ☐

INSIGNIA PREFERENCE FOR ADVANCED CERTIFICATE ONLY: ☐ Uniform Bar ☐ Lapel Pin

APPLICATION FOR SERVICE AWARD:

Intermediate 15-Year Service Award ☐

Advanced 20-Year Service Award ☐

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LAW ENFORCEMENT/DETENTION/TELECOMMUNICATIONS EXPERIENCE (LIST FULL-TIME EXPERIENCE ONLY)

Agency

Dates of Employment

LAW ENFORCEMENT/DETENTION/TELECOMMUNICATIONS TRAINING (PLEASE ATTACH DOCUMENTATION IN THE FORM OF AGENCY TRAINING RECORD, TRANSCRIPTS, COPIES OF CERTIFICATES, ETC.)

COLLEGE EDUCATION

Name of College
Degree Earned

Field of Study

Dates Attended

Semester Hours Completed

ATTEST: I attest that I have read and subscribe to the Law Enforcement Code of Ethics. The information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant

Date

RECOMMENDATION:

It is recommended that the Certificate/Award be granted. I certify that, to the best of my knowledge, the applicant has complied with the Commission's Regulations, is of good moral character and is worthy of the certificate and/or award. My opinion is based upon personal knowledge or inquiry, and the personnel records of this jurisdiction substantiate the recommendation.

Signature of Sheriff or Authorized Representative

Date