



NORTH CAROLINA DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE STANDARDS DIVISION

JOSH STEIN
ATTORNEY GENERAL

PO DRAWER 149
RALEIGH, NC 27062-0149
PHONE: (919) 661-5980 • FAX (919) 779-8210

JEFFREY SMYTHE
DIRECTOR

Form F-7
(Rev. 10/22)

APPLICATION FOR AWARD OF CRIMINAL JUSTICE CERTIFICATE

FOR COMMISSION STAFF USE ONLY

Received: _____ Processed: _____ Evaluating Official: _____

Certified CJ Officer: Yes No Full-Time, Paid Officer: Yes No

Signed by Applicant: Yes No Agency Head Recommended: Yes No

Points Computation

Degrees and Colleges:

Education Points: _____

Training Points: _____

Total Points: _____

Years of Creditable Experience: _____

Recommended Issuance of: Intermediate _____ Advanced _____

INSTRUCTIONS:

1. Please type or print clearly. Attach additional sheets if necessary.
2. Applicant **must** be a full-time, paid criminal justice officer and hold **General Criminal Justice Officer Certification**.
3. Applicant should complete this form and forward to his/her agency head for **recommendation and signature**.
4. Education and training **must** be supported by copies of agency training records, official transcripts, diplomas, or other verifying documents **attached** to this application. Years of full-time service must be supported by documentation from the employing agency. All supporting documentation **must** be signed by either the Agency Head or Commission recognized In-Service Training Coordinator.
5. The Agency Head or In-Service Training Coordinator should forward the completed application and attachments to the Criminal Justice Standards Division via mail, fax, or email to cjprocerts@ncdoj.gov for processing.

To Be Completed by Applicant

Applicant Name: _____

Rank/Title: _____ Date of Birth: _____ Last 4 of SS: _____

Home Address: _____ State: _____ Zip Code: _____

Personal Phone: _____ Email Address: _____

Employing Agency: _____ Agency Phone: _____

Mailing Address: _____ State: _____ Zip Code: _____

Application for: Intermediate Certificate Advanced Certificate

Insignia Preference (for **Advanced Certificate only**): Uniform Bar Lapel Pin

Criminal Justice Experience: List only permanent full-time, paid experience. Exclude reserve, part-time or sworn law enforcement experience. Out-of-state experience **must** be documented by original letter from previous agency head.

Agency Name & Location	Dates of Full-Time Employment	Highest Rank

Criminal Justice Training: Please **ATTACH** training documentation (i.e., certificates of completion, transcripts, agency training records). NOTE: If a certificate of completion does not indicate the number of contact hours for the training/certification course, please also provide a transcript or agency training record indicating the number of hours.

Acceptable Training Types:

- Commission-approved criminal justice trainings/certification courses.
- Departmental in-service training.
- Basic Correctional Officer Training (COB, PPO, JJO).

Unacceptable Training Types:

- Non-criminal justice trainings/certification courses.
- Basic Law Enforcement Training.

College Education: Must provide copy of official transcript(s) or diploma(s).

Name of College	Dates Attended	Field of Study	Degree Awarded	Semester Hours

Attestation: I attest that the information contained in this application is true and correct to the best of my knowledge.

Date: _____ Signature of Applicant: _____

Recommendation: It is recommended that the Certificate be awarded. 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 award. My opinion is based upon personal knowledge or inquiry, and the personnel records of this Agency substantiate the recommendation.

_____ Date _____ Printed Name of Agency Head or In-Service Training Coordinator _____ Signature _____