



**NORTH CAROLINA DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE STANDARDS DIVISION**

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ATTORNEY GENERAL

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JEFFREY SMYTHE
DIRECTOR

Form F-6 (DAC)
(Rev. 08-2025)

APPLICATION FOR AWARD OF CRIMINAL JUSTICE CERTIFICATE

FOR COMMISSION STAFF USE ONLY

Received: _____ Processed: _____ Evaluating Official: _____

Certified CJ Officer: ☐ Yes ☐ No Full-time, Paid Employee: ☐ 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. **All signatures must be original or certified digital signatures.**
2. Applicant **must** be a full-time, paid officer and hold **General Correctional Officer or Criminal Justice Officer Certification.**
3. Applicant should complete this form and forward to their 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 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: _____ City: _____ State: ____ Zip Code: _____

Personal Phone: _____ Email Address: _____

Employing Agency: _____ Agency Phone: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Facility Name/Division (If Applicable): _____

Application for: ☐ Intermediate Certificate ☐ Advanced Certificate

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

Criminal Justice Experience: List only permanent full-time, paid experience. Exclude reserve, part-time or sworn criminal justice 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

Does applicant have eligible non-certified experience as defined in 12 NCAC 09G .0604(b)(2)? ☐ Yes ☐ No

Note: If the answer is “yes”, a letter from Human Resources documenting position titles, dates, full-time status, continuous employment, and good standing is required to receive credit for eligible non-certified experience.

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 and/or PPO).

Unacceptable Training Types:

- Non-criminal justice trainings/certification courses.
- Basic Law Enforcement Training.
- Law Enforcement Mandatory Annual In-Service or other Law Enforcement trainings.

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.

_____ Printed Name of Applicant	_____ Signature (Original or Certified Digital <u>Only</u>)	_____ Date
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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 not under active disciplinary action 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.

_____ Printed Name of Agency Head or In-Service Training Coordinator	_____ Signature (Original or Certified Digital <u>Only</u>)	_____ Date
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