



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

**PO DRAWER 149  
RALEIGH, NC 27602-0149  
PHONE: (919) 661-5980**

Form F-6 (DJJ)  
(Rev. 09-2025)

**APPLICATION FOR AWARD OF JUVENILE 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 Juvenile 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](mailto: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 (If Applicable): \_\_\_\_\_

Application for:  Intermediate Certificate  Advanced Certificate

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

**Juvenile Justice Experience:** List only permanent full-time, paid experience. Exclude reserve, part-time or sworn juvenile 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 09D .0201(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.

**Juvenile 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 Juvenile Justice Officer Training.

Unacceptable Training Types:

- Non-criminal justice trainings/certification courses.
- Basic Law Enforcement Training, Correctional officer Basic, or Probation/Parole Officer Basic.
- 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.

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Printed Name of Applicant

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Signature (Original or Certified Digital Only)

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Date

**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.

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Printed Name of Agency Head  
or In-Service Training Coordinator

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Signature (Original or Certified Digital Only)

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Date