

EXAMINATION RESULTS **DETENTION OFFICER CERTIFICATION COURSE**

Instructions: Please type or print all information clearly. This form should be completed prior to the arrival of the Commission representative for testing. If you have any questions regarding this form, please contact the Sheriffs' Standards Division for clarification.

FULL NAME OF TRAINEE	DATE OF BIRTH	SSN	AGENCY	SCORES			
				I	II	III	IV

Unit I - Legal Unit II - Physical Unit III - Practical Unit IV - Medical

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Certification:

In my official capacity as designated "School Director" and as a duly authorized representative for my institution/agency, I submit the above listed Detention Officer Trainees for administration of the State Comprehensive Examination. In doing so, I attest that each trainee listed has successfully completed all required course work.

School Director

Date

TEST SCORE RELEASE:

As an official representative of the North Carolina Sheriffs' Education and Training Standards Commission, I do hereby certify and report the examination scores for the above listed Detention Officer Trainees to the designated "School Director" for:

_____, on this _____ day of _____, _____.
Institution/Agency

Signed: _____
STANDARDS COMMISSION REPRESENTATIVE

Received: _____
SCHOOL DIRECTOR