

REQUEST FOR RE-EXAMINATION
DETENTION OFFICER CERTIFICATION COURSE

TO: _____

FROM: _____
Name (PRINT)

Social Security Number

Address

Employing/Sponsoring Agency

Agency Phone Number

SUBJECT: Re-Examination Request

I, the undersigned, hereby officially request the Director of the Sheriffs' Standards Division to authorize my re-examination of the following unit/units for the Detention Officer Certification Course as soon as possible: [] **Unit I - Legal** [] **Unit II - Physical** [] **Unit III - Practical** [] **Unit IV - Medical**. I fully understand that this re-examination must occur within 90 days from the date of the original examination; and that if I do not achieve a minimum of 70% on this second attempt on any of the above mentioned units, I shall not be recommended for successful course completion and must enroll and attend a subsequent delivery of the training course for each failed unit in its entirety prior to the expiration of my probationary period as a detention officer.

Trainee's Signature

Date

As the School Director, I do hereby recommend the above named individual for re-examination for the Detention Officer Certification Course. He/She has successfully completed all course work as required by the Commission's rules.

School Director's Signature

Date

Accredited Institution

As the representative of the North Carolina Sheriffs' Commission, I have fully explained the re-examination procedures to the trainee listed above.

Commission Representative

Date