



**NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION**

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SECTION I **POST-DELIVERY REPORT**
TELECOMMUNICATOR CERTIFICATION COURSE

FORM F-7B-T
web version

INSTRUCTIONS: Please print or type all information clearly. This form is to be completed by the School Director and submitted to the Sheriffs' Standards Division **no later than 10 days following completion delivery of the Telecommunicator Certification Course.** This report covers: (a) any substitution of instructors as originally reported on the Pre-Delivery Report; (b) any trainees who were not recommended for the state exam due to withdrawal or deficiencies; and (c) the students who participated in and completed the course. **Instructor evaluations should be included as an attachment to this report.**

SPONSOR:

Name of Accredited Institution/Agency

Date Course Begin

Date Course Ended

CERTIFICATION: In my official capacity as School Director and as a duly authorized representative for my institution/agency, I submit this report and certify that to the best of my knowledge and belief, there are no willful misrepresentations, omissions or falsifications in the foregoing statements and information. Based upon the record of accomplishments of these trainees during course delivery, I am of the opinion that those listed have satisfactorily completed the Telecommunicator Certification Course. This Telecommunicator Certification Course was presented/delivered in accordance with the Rules codified as Title 12, Chapter 10B, Sections .0700, .0800, .0900, and .1300 of the North Carolina Administrative Code.

School Director Signature

Date

SECTION II

Revised 01/2003

INSTRUCTOR CHANGES		
IF FOR ANY REASON YOU USED INSTRUCTORS OTHER THAN THOSE LISTED ON THE PRE-DELIVERY REPORT, PLEASE RECORD THEM IN THE SPACES PROVIDED		
NAME	BLOCK OF INSTRUCTION	TOTAL HOURS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
	Total Hours	