

NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' EDUCATION AND TRAINING STANDARDS DIVISION
STUDENT COURSE COMPLETION RECORD
TELECOMMUNICATOR CERTIFICATION COURSE

This form should be completed for every telecommunicator certification course enrollee.

Host Institution/Agency: _____ Number of Training Hours: _____

Student Name: _____ Reading Grade Test & Score _____

Date of Birth: _____ SS#: _____

Employing/Sponsoring Agency or Self-Sponsor: _____

Trainee Status:
Full-Time Partial Enrollee

Completion Status (Place one mark for the appropriate outcome)

Successful Completion Failed State Exam
Deficiencies Withdrawal

State Exam Date: _____ Exam Score: _____

Re-Exam Date: _____ Re-Exam Score: _____

Please place either the numerical grade or one of the following as applies to each topic of instruction:

D (Deficient) W (Withdraw)

1. Orientation	
2. Introductory Topics for the Telecommunicator	
3. Telecommunications Systems and Equipment	
4. Civil Liability for Telecommunicators	
5. Interpersonal Communications	
6. Overview of Emergency Services	
7. Communications Resources	
8. Call Reception, Prioritization and Resource Allocation	
9. Broadcast Techniques, Rules and Procedures	
10. Telecommunicator Training Practicum	

This document represents student performance, as well as topics covered.

Research Associate - Sheriffs' Standards Division: _____