CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION
Post Office Drawer 149
Raleigh, NC 27602
Telephone: (919) 661-5980
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FORM F-23*(10/15)*

Commission Exam Procedures

General, SMI and Specialized Instructor Courses

(To be completed by the certified School Director)

Congratulations for successfully completing the training requirements for the instructor course noted below! In order to be eligible for certification you must pass the state comprehensive written exam within sixty (60) days after completing the course. To register for the exam, contact Erica Dees at the Criminal Justice Standards Division by email at edees@ncdoj.gov. Once registered, you must present this completed form, signed by your School Director, along with photo identification to the exam administrator at the time of your exam.

Available exam dates and locations are published on the CJ Standards Division website at: http://www.ncdoj.gov/About-DOJ/Law-Enforcement-Training-and-Standards/Criminal-Justice-Education-and-Training-Standards/ExamCalendar.aspx

Name: _____ Date of Birth: _____

Instructor Course Completed: ☐ General Instructor ☐ Re-Exam

☐ Specialized: ☐ Driver Instructor ☐ Firearms Instructor ☐ First Responder

☐ HAZMAT ☐ Physical Fitness ☐ SCAT

☐ SMI Instructor _____ *(Specify Type)*

School Where Course Completed: _____

Date Course Completed: _____

In my official capacity as **Certified** School Director and as the duly authorized representative for my institution/agency's executive officer, in accordance with the above-indicated course and corresponding administrative code rules, I do hereby submit the above-named trainee for administration of the appropriate examination as indicated above and, in doing so, stipulate that the trainee listed has successfully completed **ALL** course work as required.

_____	_____	_____
School Director *(Print)*	Signature of School Director	Date Signed

***For Exam Administrator Use Only*:**

Student Registered for Exam: Yes No Photo ID Presented: _____
Type and Number

Exam Booklet#: _____ Student Score: Pass Fail Re-Test Eligible: Yes No

Exam Date/Location: _____

Exam Administrator: _____ _____
Print Name *Signature*