

**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Fax: (919) 779-8210

Form F-12
(Rev. 1/1/15)

Original Request for Instructional and Professional Lecturer Certification

Application for Probationary General Instructor Certification and Specialized Instructor Certification(s) Must Be Made Within Sixty (60) Days From Passing the State Exam .

1. Please type or print clearly. Attach additional sheets if necessary.
2. This form is to be completed by the applicant, signed by the school director, and submitted to the Commission at address listed above.
3. Education and Instructor Training Course must be supported by copies of official transcripts, diplomas, or other verifying documents attached to this application.

For Staff Use Only: Years: _____ Education: _____

Name: _____
(First, Middle, Last)

Address: _____
(Street, City and County, State, Zip Code)

Home Phone: _____ Email Address: _____
(Required)

Date of Birth: _____ Age: _____ Last 4 Digits SSN: _____
(MM/DD/YYYY)

Agency/Firm: _____ Office Phone: _____

Address: _____
Street, City, State, Zip Code

Rank or Title: _____ Assignment/Position: _____

Please Check Applicable Box: Probationary Instructor Certification Specialized Instructor Certification

1. _____ 2. _____ 3. _____

Professional Lecturer Certification: Law Medicine Psychology

Proof of CPR Certification Attached? Yes No **Current CPR certification is required for all specialized certifications**

Driving History Attached? Yes No **Required for Specialized Driver Instructor Certification*

Practical Experience as a Criminal Justice Officer (or directly related experience)

Agency and Unit Assignment

Dates of Employment

Title or Position

Commission Accredited General and/or Specific Instructor Training (or equivalent instructor training)

School Name

Course Title

Course Length (Hours)

Date Completed

Education

High School

Dates Attended

Diploma: Yes No

Community or Junior College

Dates Attended

Degree/Hours

University or College

Dates Attended

Degree/Hours

Attestation

I certify that the information contained in this application is true and correct to the best of my knowledge. I acknowledge that any omission, falsification or misrepresentation of the information provided above may result in certification being denied, suspended, or revoked by the commission.

Signature of Applicant

Date

Recommendation

It is recommended that the certificate requested be awarded. To the best of my knowledge and belief the applicant is of good moral character and has the desire and the ability to provide effective instruction for criminal justice personnel.

Printed Name **Certified** School Director *or*
In-Service Training Coordinator

Date

Signature of **Certified** School Director *or*
In-Service Training Coordinator

Name of Accredited School or Agency