

**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION  
NORTH CAROLINA DEPARTMENT OF JUSTICE**



**CRIMINAL JUSTICE STANDARDS DIVISION**  
Post Office Drawer 149 – Raleigh, NC 27602  
Telephone: (919) 661-5980 Fax: (919) 779-8210

Form F-11 (Rev. 10/14)

INSTRUCTIONS: Please type or print all information clearly. This notification must be submitted to the Standards Division within ten (10) days of course completion for all participants.

**REPORT OF TRAINING COURSE COMPLETION**

*Student's Name:* \_\_\_\_\_

*Social Security Number:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_

**EMPLOYMENT INFORMATION**

*Department or Agency:* \_\_\_\_\_

*Position Name/Title:* \_\_\_\_\_

*Date of Appointment:* \_\_\_\_\_

**COURSE INFORMATION**

*Title of Course:* \_\_\_\_\_

*Location Conducted At:* \_\_\_\_\_

*Course Began On:* \_\_\_\_\_ *Course Ended On:* \_\_\_\_\_

*Classes Met From:* \_\_\_\_\_

*The Course comprised \_\_\_\_\_ contact hours of instruction*

*This is to certify that the above-named individual has successfully completed a course of instruction in the area indicated above which has been accredited by the N. C. Criminal Justice Education and Training Standards Commission. The training course has been designed to provide criminal justice officers with skills and knowledge necessary to perform tasks essential to their job. I attest to the fact that the information provided above is complete and accurate to the best of my knowledge.*

*Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_