

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

Rev. (1/9/13)

ELIGIBILITY AND TEST SCORE RELEASE

****EACH COURSE MUST HAVE A SEPARATE ELIGIBILITY LIST****

This form **MUST** be completed prior to arrival of the Commission Representative. Should you have any questions regarding this requirement, you should contact a member of the Standards Division Training System Unit.

- Basic Law Enforcement Training**
- Speed Measurement Instrument** **Specify Course:**
- Specialized Instructor Training** [12 NCAC 9B .0414(a)] **Specify Course:**
- Instructor Training** [12 NCAC 9B .0413(a)]

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 Rule, I do hereby submit the below-listed trainees for administration of the appropriate examination as indicated above and, in doing so, stipulate that each trainee listed has successfully completed **ALL** course work as required.

Signature of Certified School Director School Name Date Signed

Trainee Name (Last, First, Middle) **Employing Agency** **Date of Birth** **P/F/F***
 (F*=Retest eligible)

Place in Alphabetical Order by last name

- | | | | |
|-----|----------------------------|----------------------------|-----------------------------|
| 1. | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> F* |
| 2. | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> F* |
| 3. | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> F* |
| 4. | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> F* |
| 5. | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> F* |
| 6. | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> F* |
| 7. | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> F* |
| 8. | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> F* |
| 9. | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> F* |
| 10. | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> F* |
| 11. | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> F* |

Trainee Name (Last, First, Middle)

Employing Agency

Date of Birth

P/F/F*
(Retest Eligible)

Place in Alphabetical Order by last name

12.

P F F*

13.

P F F*

14.

P F F*

15.

P F F*

16.

P F F*

17.

P F F*

18.

P F F*

19.

P F F*

20.

P F F*

21.

P F F*

22.

P F F*

23.

P F F*

24.

P F F*

25.

P F F*

****ADD ADDITIONAL SHEETS AS NECESSARY**

TEST SCORE RELEASE

Pursuant to Rule .0406(c), Title 12, Subchapter 9B of the North Carolina Administrative Code

I, _____, as official representative of the Standards

Commission do hereby certify and report the examination scores of each trainee listed above to the

certified School Director for _____, on this _____ day

of _____, 20_____.

Signed: _____

Received: _____

Standards Commission Representative

School Director