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-9C (1/9/13)

RETURN TO DUTY REQUEST FOR THE 2012 TRAINING YEAR

The Form F-9C must be completed when an officer has received a military or medical waiver from the CJ Standards Division and is now ready to return to duty or has been suspended for failing to complete the in-service training as required. Make sure that current military orders or medical return to duty paperwork are attached to this form, if needed. Please complete all sections of this form which are applicable and submit to the appropriate Standards Division staff.

Officer's Name:				
Agency Name:				
Officer's Status: (Ch	neck beside the Office	r's status at time of request for return to duty)		
☐ Military Waiver	*	edical Waiver*		
☐ Certification was	s suspended for failu	re to complete In-Service Training		
*Have you i	ncluded current milita	ry orders or medical return to duty paperwork, if applicable?		
☐ Yes [□ No			
Would you like the R	eturn to Duty letter to	be faxed to your agency? Yes No		
If yes, please provide	your fax number:			
(If you do not request	a faxed copy of the le	etter, you will receive it by regular mail.)		
		R REQUIRED TO MAKE UP MORE THAN THE 2012 MANDATED INTO THE BACK OF THIS FORM.		
	low Mandated Topics for 2012 completed by the officer indicated above, list the date of completion of the d the number of hours per block:			
Date Completed	Hours	Topic		
		Legal Update		
		JMST: Interaction Skills in Building Rapport		
		Career Survival: Social Networking and Digital Communications		
		Firearms		
		Awareness Issues Surrounding Returning Military Personnel		
		(See back of the page)		

Date Completed Please list any other conhours taught): Date of Course ———————————————————————————————————	Hours Hours Hours Hours Hours	Traffic Interdiction Introduction to Search and Rescue Dealing with Epilepsy, Diabetes, Autism a department topic of choice (Name, date of course, and the number Topic
hours taught):		Dealing with Epilepsy, Diabetes, Autism a department topic of choice (Name, date of course, and the number
hours taught):		a department topic of choice (Name, date of course, and the number
hours taught):		
Date of Course	<u>Hours</u>	<u>Topic</u>
section below, as well as Date of Course	s the date of completion a <u>Hours</u>	nd the number of hours of training completed. <u>Topic</u>
		
	Ager	acy Affirmation of Records
		, have verified that all of the training listed above
I,	ne of Agency Representative)	
I,(Print Nam	or rigority representative)	
I,(Print Nam		

For the below Department Topics of Choice for 2012 completed by the officer indicated above, list the date of