

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

Criminal Justice Standards Division

Post Office Drawer 149 Raleigh, NC 27602

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Form F-9C

(09.17)

RETURN TO DUTY REQUEST FOR THE 2017 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/CJ ID #: _____

Agency Name: _____

Officer's Status: (Check beside the Officer's status at time of request for return to duty)

- Military Waiver*** **Medical Waiver***
- Certification was suspended for failure to complete In-Service Training***

*Have you included current military release orders, medical return to duty paperwork or documentation of completion for the 48 hour BLET Firearms block, if applicable?

- Yes** **No**

Would you like the Return to Duty letter to be faxed or emailed to your agency? Yes No

(If yes, please provide your fax number or email address: _____) If you do not request a faxed or emailed copy of the letter, you will receive it by regular mail.

NOTE: IF THE OFFICER HAS BEEN REQUIRED TO MAKE UP MORE THAN THE 2017 MANDATED IN-SERVICE TRAINING, PLEASE REFER TO THE BACK OF THIS FORM.

For the below Mandated Topics for 2017 completed by the officer indicated above, list the date of completion of the training and the number of credits per block:

<u>Date Completed</u>	<u>Credits</u>	<u>Topic</u>
_____	_____	Legal Update (4)
_____	_____	Positively Impacting Today's Youth (2)
_____	_____	DV: Protecting Victims of Domestic Violence (4)
_____	_____	Firearms (6)
_____	_____	Improving Decision-Making Skills (4)

(See back of the page)

For the below Department Topics of Choice for 2017 completed by the officer indicated above, list the date of completion of the training and the number of hours per block:

<u>Date Completed</u>	<u>Credits</u>	<u>Topic</u>
_____	_____	Protecting Our Officers: Suicide Prevention for Law Enforcement (2)
_____	_____	Law Enforcement Intelligence Update (2)
_____	_____	Narcotics Identification for Patrol Officers (2)

Please list any other courses which were used as a department topic of choice (Name, date of course, and the number of credits taught):

<u>Date of Course</u>	<u>Credits</u>	<u>Topic</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the officer was required to make up other years of training other than 2017, please list all topics completed in the section below, as well as the date of completion and the number of training credits completed.

<u>Date of Course</u>	<u>Hours</u>	<u>Topic</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Agency Affirmation of Records

I, _____ have verified that all of the training listed above
(Print Name of Agency Representative)

is correct and was completed as listed.

Signature of Agency Representative

Date