

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

Post Office Drawer 149
Raleigh, NC 27602
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Form F-10A (ITC)
(Rev. 7/12/13)

Pre-Delivery Report of Instructor Training Course Presentation

Instructions:

- (1) This Form is to be completed and executed by the **Certified** School Director.
- (2) Please **Type** all information.
- (3) Complete **Item III** (Pre-Delivery Report of Instructors) making sure to list **Full Name and Last 4 Digits of SSN**.
- (4) Attach a copy **Course Schedule** reflecting dates, times, instructor/evaluators, and topical areas.
- (5) This form **MUST** be submitted **NO LATER THAN** thirty (30) days prior to commencement of course delivery.
- (6) Course may **NOT** be delivered until approved by Criminal Justice Standards Division.
- (7) Course cancellation **MUST** be accompanied by email to Criminal Justice Standards Division.

I. SPONSOR:

A. Name of Accredited Institution/Agency: _____

B. Mailing Address: _____
Street/PO Box City Zip

Phone Number: _____

C. Certified School Director: _____

II. THE PROPOSED COURSE:

A. Title of Course: **General** **Subject Control Arrest Techniques** **First Responder**
 Firearms **L.E. Driver Training** **Physical Fitness** **HAZMAT**

B. Proposed Number of Hours: _____ Course ID No. _____
(State Use Only)

C. Location of Course Delivery: _____
(Specific classroom name/number, must be an Approved Classroom 12 NCAC 9B .0201)

D. Commencement Date: _____ Termination Date: _____ **State Exam Date:** _____

Location of State Exam: _____ **Time of State Exam:** _____

E. Classes Scheduled To Meet From _____ to _____ Days Per Week _____

F. Anticipated Class Size _____ (Maximum of 16) _____

G. Is Enrollment Closed? Yes No Number of Vacancies _____

III. PRE-DELIVERY REPORT INSTRUCTORS

Date _____ School _____

Instructor's Full Name (First, Middle, Last)	Last 4 Digits SSN	Date of Completion of Instructor Orientation	Instructor Certification Expiration Date

IV. NOTICE OF INTENT AND CERTIFICATION

In my official capacity as certified School Director and as the duly authorized representative for my institution/agency's executive officer I herewith give notice of the intention to proceed with implementation of the proposed plan for Instructor Training course delivery as denoted in this report and certify that said presentation/delivery will be in accordance with the minimum requirements of Section .0200 and .0400 of Subchapter 9B , Title 12, North Carolina Administrative Code.

Signature of Certified School Director

Date Signed