

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149 Raleigh, NC 27602

Telephone: (919) 661-5980

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Form F-12A

(Rev. 8/24/15)

Renewal of Instructor or Professional Lecturer Certification

Name _____
First Middle Last

Address _____
Street City *and County* State Zip Code

Home Phone _____ Email Address: _____
(Required)

Date of Birth _____ Age _____ Last 4 Digits SSN _____
MM/DD/YYYY

Agency/Firm _____

Address _____
Street City State Zip Code

Business Phone _____ New Home Address New Business Address

Please Check Applicable Blocks:

- I. General Instructor II. General Inst. Orientation (Eligible to teach General Instructor Training)
- III. Professional Lecturer Certification: Law Medicine Psychology
- IV. Specialized Instructor

**Pursuant to 12 NCAC 09B.0305, in order to renew a Specialized Firearms Instructor certification, the applicant must have met the minimum score of 92 on the day and night BLET firearms qualification courses. For Specialized Physical Fitness, applicant must have passed the POPAT. Proficiency for both must be completed during the three year period of certification preceding the application for renewal, and administered by a like certified instructor.*

Proof of CPR Certification Attached? Yes No **Current CPR certification is required for all specialized certification*

Driving History Attached? Yes No **Required for Specialized Driver Instructor Certification*

POPAT Post Course Form Attached? Yes No **Required for Specialized Physical Fitness Certification (Effec. 1-1-16)*

Firearms Qualification Attached? Yes No **Required for Specialized Firearms Certification (Effec. 1-1-16)*
(F-9A or BLET Qual. Record indicating Qual. Score of 92 on BLET Course of Fire)

- | | |
|--|--|
| <input type="checkbox"/> Specialized Subject Control Arrest Techniques | <input type="checkbox"/> First Responder |
| <input type="checkbox"/> Specialized Firearms (LE)* | <input type="checkbox"/> Specialized Law Enforcement Driver Training |
| <input type="checkbox"/> Specialized Physical Fitness* | <input type="checkbox"/> Specialized Firearms (DAC) |
| <input type="checkbox"/> Control, Restraints, Defensive Tactics (DAC) | <input type="checkbox"/> Medical Emergencies (DYS) |
| <input type="checkbox"/> Specialized Explosives and HAZMAT Emergencies | <input type="checkbox"/> Restraints, Controls, Defensive Tactics (DJJ) |

| |
|---|
| For Staff Use Only Number of Certifications _____ |
|---|

**This Section Must Be Completed By the Certified Instructor, and the
Certified School Director / Agency In-Service Coordinator**

I, as a certified instructor, do submit to the Commission the following evaluated hours of instruction in support of my renewal of instructor certification in compliance with 12 NCAC 09B .0300. I certify that the information contained in this application is true and correct to the best of my knowledge and acknowledge that any omission, falsification or misrepresentation of the information provided may result in my certification being denied, suspended or revoked by the Commission.

Signature of Certified Instructor _____ Print/Type Full Name _____ Date _____

**Only instructional hours delivered during Commission-accredited and Commission-recognized in-service training courses pursuant to 12 NCAC 09B .0303 and .0305 may be credited toward the renewal of Instructor or Professional Lecturer Certification.*

| <u>Accredited School</u> | <u>Course Title#</u> | <u>Hours</u> | <u>Course Date(s)</u> | <u>MIST</u> |
|--------------------------|----------------------|--------------|-----------------------|--------------------------|
| _____ | _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> |

Any course delivered as an In-Service 'Department Topic of Choice' must comply with all requirements listed in 12 NCAC 09E .0105(d).

I, as a certified school director or in-service training coordinator, do submit to the Commission the above named instructor as a candidate for renewal of instructor certification. Further, I hereby certify that the above-named instructor has taught and been evaluated while teaching the required minimum hours in a Commission-accredited course or a Commission-approved in-service training course within the certification period preceding this application.

The completed instructor evaluation on Form F-16 has been placed in our school/agency files.

In the event this application is for renewal of the initial 12 month probationary period, Form F-16:

Is attached Has Been Submitted

I certify that the above information is accurate. Furthermore, **I endorse and recommend** the above-named individual for renewal of instructor or professional lecturer certification.

Signature of Certified School Director or Agency In-Service Coordinator _____ Print/Type Full Name _____ Date _____

School or Agency: _____

Phone Number: _____