

**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
NORTH CAROLINA DEPARTMENT OF JUSTICE**



CRIMINAL JUSTICE STANDARDS DIVISION
Post Office Drawer 149 – Raleigh, NC 27602
Telephone: (919) 661-5980 Fax: (919) 779-8210

Form F-11 (Rev. 10/14)

INSTRUCTIONS: Please type or print all information clearly. This notification must be submitted to the Standards Division within ten (10) days of course completion for all participants.

REPORT OF TRAINING COURSE COMPLETION

Student's Name: _____

Social Security Number: _____ *Date of Birth:* _____

EMPLOYMENT INFORMATION

Department or Agency: _____

Position Name/Title: _____

Date of Appointment: _____

COURSE INFORMATION

Title of Course: _____

Location Conducted At: _____

Course Began On: _____ *Course Ended On:* _____

Classes Met From: _____

The Course comprised _____ contact hours of instruction

This is to certify that the above-named individual has successfully completed a course of instruction in the area indicated above which has been accredited by the N. C. Criminal Justice Education and Training Standards Commission. The training course has been designed to provide criminal justice officers with skills and knowledge necessary to perform tasks essential to their job. I attest to the fact that the information provided above is complete and accurate to the best of my knowledge.

Name: _____ *Date:* _____