

# 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. 12/16)

### Renewal of Instructor or Professional Lecturer Certification

Name \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_  
Street or PO Box City State Zip Code County

Phone \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Required)

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

Current Agency/Firm \_\_\_\_\_  
(or mark retired or other)

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)

Specialized Subject Control Arrest Techniques

Specialized Firearms (LE)

Specialized Physical Fitness

Control, Restraints, Defensive Tactics (DAC)

Specialized Explosives and HAZMAT Emergencies

First Responder

Specialized Law Enforcement Driver Training

Specialized Firearms (DAC)

Medical Emergencies (DYS)

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.

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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 issuance of General Instructor or renewal of Specialized Instructor.*

<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-recognized training course within the certification period preceding this application.

**The completed instructor evaluation on Form F-16 for Probationary Instructor is attached** .

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.

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

School or Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_  
(Required)