

# CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

## CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Fax: (919) 779-8210

Form F-12

(Rev. 12/16)



### Original Request for Instructional and Professional Lecturer Certification

**Application for Probationary General Instructor Certification and Specialized Instructor Certification(s) Must Be Made Within Sixty (60) Days From Passing the State Exam.**

1. Please type or print clearly. Attach additional sheets if necessary.
2. This form is to be completed by the applicant, signed by the school director or ITC, and submitted to the Commission at address listed above.
3. Education and Instructor Training Course must be supported by copies of official transcripts, diplomas, or other verifying documents attached to this application.

**For Staff Use Only:** Years: \_\_\_\_\_ Education: \_\_\_\_\_

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: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
(Or mark retired or other)

Address: \_\_\_\_\_  
Street, City, State, Zip Code

Rank or Title: \_\_\_\_\_ Assignment/Position: \_\_\_\_\_

**Please Check Applicable Box:**  Probationary Instructor Certification  Specialized Instructor Certification

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Professional Lecturer Certification:  Law  Medicine  Psychology

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

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

#### Practical Experience as a Criminal Justice Officer or as an employee of a Criminal Justice agency

Agency and Unit Assignment

Dates of Employment

Title or Position

Agency and Unit Assignment	Dates of Employment	Title or Position

**Commission Accredited General and/or Specific Instructor Training** (or equivalent instructor training)

School Name

Course Title

Course Length (Hours)

Date Completed

**Education**

High School

Dates Attended

Diploma: Yes No

Community or Junior College

Dates Attended

Degree/Hours

University or College

Dates Attended

Degree/Hours

**Attestation**

I certify that the information contained in this application is true and correct to the best of my knowledge. I acknowledge that any omission, falsification or misrepresentation of the information provided above may result in certification being denied, suspended, or revoked by the commission.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Recommendation**

It is recommended that the certificate requested be awarded. To the best of my knowledge and belief the applicant is of good moral character and has the desire and the ability to provide effective instruction for criminal justice personnel.

\_\_\_\_\_  
Printed Name **Certified** School Director *or*  
In-Service Training Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of **Certified** School Director *or*  
In-Service Training Coordinator

\_\_\_\_\_  
Name of Accredited School or Agency

Phone number \_\_\_\_\_

Email Address \_\_\_\_\_