

# 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-6  
(Rev. 12/11)



### AWARD FOR PROFESSIONAL LAW ENFORCEMENT CERTIFICATE

#### INSTRUCTIONS:

1. Please type or print clearly. Attach additional sheets if necessary.
2. This form is to be completed by the applicant and forwarded to his/her agency/department head for **Recommendation and Signature**.
3. At the time of application, the applicant **MUST** be a full-time sworn, paid law enforcement officer and hold **General Law Enforcement Officer Certification**.
4. **Credit can only be given for full-time, sworn, paid law enforcement experience.**
5. Education and training **MUST** be supported by copies of agency training records, official transcripts, diplomas, or other verifying documents **ATTACHED** to this application. All supporting documentation must have a signature of either the Agency Head or Commission recognized In-Service Training Coordinator. **NOTE:** Transcripts which are accessed over the internet or intranet are not official documents.
6. The department head or In-Service Training Coordinator will then forward the completed form and attachments to the Criminal Justice Standards Division for processing.
7. Action on the application will be reported directly to the applicant's department head/applicant.

#### FOR COMMISSION STAFF USE ONLY

Received: \_\_\_\_\_ Processed: \_\_\_\_\_ Evaluating Official: \_\_\_\_\_

Certified:  Yes  No Full-time officer, currently employed:  Yes  No Attest to Code of Ethics:  Yes  No

Recommended by Agency Head:  Yes  No

#### Points Computation:

Education Points: \_\_\_\_\_ Degree: \_\_\_\_\_

Training Points: \_\_\_\_\_

**Total Points:** \_\_\_\_\_

Years of Creditable Experience: \_\_\_\_\_

Recommended Issuance of \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

Date of Certificate Issued: \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

#### To Be Completed by Applicant

#### Name to Appear on Certificate (Please Type or Print)

\_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_  
Street Zip Code

Employing Agency: \_\_\_\_\_ Phone#: \_\_\_\_\_

Agency **Mailing** Address: \_\_\_\_\_  
Street Zip Code

Rank/ Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Application for:  Intermediate Certificate  Advanced Certificate

**Acceptable Training Types:**

- Law Enforcement Experience (list full time, sworn, paid experience **ONLY**).
- Out-of-State Experience **MUST** be documented by original letter from previous agency head.
- Military Police Experience **MUST** be documented by DD-214.

**Unacceptable Training Types: (do NOT include on list)**

- 24 hours of annual Mandatory In-Service Training (includes Department Choice topics).
- Training of less than one hour.
- Basic Law Enforcement Training.

<u>Agency Name &amp; Location</u>	<u>Dates of Full-Time, Sworn Employment</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Law Enforcement Training** (Attach training documentation i.e.; certificate of completion, transcripts, or department training records)

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**College Education (Must provide copy of official transcript or diploma)**

<u>Name of College</u>	<u>Location(City/State)</u>	<u>Dates Attended</u>	<u>Semester Hours</u>	<u>Degree</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Attest:** I attest that I have read and subscribe to the Law Enforcement Code of Ethics. The information contained in this application is true and correct to the best of my knowledge.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**Recommendation:**

It is recommended that the Certificate be awarded. I certify that, to the best of my knowledge, the applicant has complied with the Commission's Regulations, is of good moral character and is worthy of the award. My opinion is based upon personal knowledge or inquiry, and the personnel records of this jurisdiction substantiate the recommendation.

\_\_\_\_\_  
Date Printed Name of Agency Head/In-Service Training Coordinator Signature