

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

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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 & 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)

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

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