

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION
Raleigh, NC 27602
Telephone: (919) 661-5980
Fax: (919) 779-8210

Form F-10B(LE)
(Rev. 1/1/15)

POST-DELIVERY REPORT OF TRAINING COURSE PRESENTATION

INSTRUCTIONS:

- (1) This Form is to be completed and executed by the Certified School Director.
- (2) Please **TYPE** all information.
- (3) Please **TYPE** all information on the Student Course Completion Record.
- (4) A Student Course Completion Record must be completed on each student enrolled in the delivery of Basic Law Enforcement Training.
- (5) This form must be submitted no later than ten (10) days following receipt of the Report of Examination.

I. SPONSOR:

A. Name of Accredited Institution/Agency: _____

B. Mailing Address: _____
Street Zip

Phone Number: _____

C. Certified School Director: _____ Email: _____

II. THE COMPLETED COURSE:

A. Title of Course **BASIC LAW ENFORCEMENT TRAINING**

B. Number of Hours of Instruction: _____ Course ID No: _____
(State Use Only)

C. Location of Course Delivery: _____
(Specific classroom name/number, must be an Approved Classroom 12 NCAC 9B .0201)

D. Commencement Date: _____ Termination Date: _____ State Exam Date: _____

Location of State Exam: _____ Time of State Exam: _____

E. Classes Scheduled To Meet From _____ to _____ Days Per Week ____
_____ to _____ Days Per Week ____
_____ to _____ Days Per Week ____

In my official capacity as certified School Director and as the duly authorized representative for my institution/agency's executive officer, I submit this report with the certification that to the best of my knowledge and belief, there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and information, and that this basic law enforcement training course was presented/delivered in accordance with the minimum requirements of Section .0200 and .0400 of Subchapter 9B, Title 12, North Carolina Administrative Code. Additionally, I certify my institution used all equipment as required by the BLET Course Management Guide and each individual lesson plan for each block of instruction.

Signature of Certified School Director

Date Signed

F. Show any changes in instruction hours, and list **ALL** Instructors not listed on the original Pre-Delivery Report of Training Course Presentation [Form F-10A (LE)] submitted for this course.

Topical Area	Instructor's Full Name (First, Middle, Last)	SSN Last 4 Digits	Instructor Cert. Exp. Date	Hours of Instruction
1.	a.			a.
	b.			b.
2.	a.			a.
	b.			b.
3.	a.			a.
	b.			b.
4.	a.			a.
	b.			b.
5.	a.			a.
	b.			b.
6.	a.			a.
	b.			b.
7.	a.			a.
	b.			b.
8.	a.			a.
	b.			b.
9.	a.			a.
	b.			b.
10.	a.			a.
	b.			b.
11.	a.			a.
	b.			b.
12.	a.			a.
	b.			b.
13.	a.			a.
	b.			b.
14.	a.			a.
	b.			b.