

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

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Form F-10(SD)
(Rev. 8/16)

REQUEST FOR SCHOOL DIRECTOR CERTIFICATION

(12 NCAC 9B .0501)

INSTRUCTIONS:

1. This form is to be completed by the applicant for certification and executed by the applicant and the Institutional or Agency Executive Officer.
2. Please **TYPE** or **PRINT** clearly.
3. If applicant is **NOT** a certified instructor, college transcripts or diplomas must accompany application to verify education.

I. APPLICANT:

A. Full Name _____ SSN (last four digits) _____

Date of Birth: _____

B. Current Institutional Title or Agency Rank: _____

C. Professional Address: _____

Phone No.: _____ (Fax No.: _____)

E-Mail: _____

D. Where you will serve as School Director, if different from above: _____

E. Are you currently certified as a criminal justice instructor by the Commission? Yes No

F. Are you assigned full-time to criminal justice training? Yes No

If not, list collateral duties and percentage of time devoted to each duty.

G. Which program are you applying for School Director Certification?

- | | | |
|--|---|---|
| <input type="checkbox"/> BLET | <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Basic Correctional Officer |
| <input type="checkbox"/> Instructor Training | <input type="checkbox"/> Juvenile Court Counselor | <input type="checkbox"/> Basic Probation and Parole Officer |
| <input type="checkbox"/> SMI Training | <input type="checkbox"/> Chief Court Counselor | |
| <input type="checkbox"/> Specialized Instructor Training | _____ | |

Specify

H. **EDUCATIONAL BACKGROUND:** (Include all colleges attended, degrees received, etc. If there is no college course work, indicate your highest educational attainment.)

Dates Attended	Institution	Degree/Diploma
a.		
b.		
c.		
d.		

I. **CRIMINAL JUSTICE EXPERIENCE**

Agency	Duties	Dates of Employment
a.		
b.		
c.		
d.		

II. **CERTIFICATION:**

As an applicant for certification as the designated School Director for my employing institution/agency in the delivery of Commission-accredited criminal justice training courses, I attest that I am aware of the minimum standards for School Director Certification as outlined in Section .0500 of Subchapter 9B, Title 12, North Carolina Administrative Code, and that I meet or exceed each of these requirements. I further attest that the information submitted by me in this application is complete and accurate to the best of my knowledge. I understand and agree that any omission, falsification, or misrepresentation of the information included in this application or a failure to meet or continuously maintain the required minimum standards may result in the suspension, revocation or denial of my certification at any time.

Signature of Applicant/School Director

Date Signed

III. **RECOMMENDATION:**

I, as the Executive Officer of the appointing institution/agency which is either currently accredited or seeking accreditation by the Commission to deliver criminal justice programs, do hereby recommend the above-named applicant for certification as a designated School Director of this institution/agency. To the best of my knowledge, this candidate meets or exceeds the minimum standards for certification as required by Section .0500 of Subchapter 9B, Title 12, North Carolina Administrative Code. I acknowledge that any omission, falsification, or misrepresentation of information throughout the certification process may result in certification being suspended, revoked or denied by the Commission at any time.

Signature of Executive Officer

Title

Date