

# CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



NORTH CAROLINA DEPARTMENT OF JUSTICE  
 CRIMINAL JUSTICE STANDARDS DIVISION  
 POST OFFICE DRAWER 149, RALEIGH, NC 27602  
 TELEPHONE: 919 716-6470

FORM F-7  
 (Revised 8/18)

## APPLICATION FOR AWARD OF CRIMINAL JUSTICE 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 agency/department head for **RECOMMENDATION and SIGNATURE**.
3. Applicants **MUST** presently hold **GENERAL CRIMINAL JUSTICE OFFICER CERTIFICATION**.
4. The applicant shall be a Permanent **PAID** Member of a Criminal Justice Agency within the **STATE**.
5. Education and training **MUST** be supported by copies of official transcripts, diplomas, agency training records 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 his officially designated representative will then forward this completed form and all attachments to the Commission for processing.
7. Commission 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, Paid Member of Agency: Yes _____ No _____	
Signed By Applicant: Yes _____ No _____	Recommended by Agency Head: Yes _____ No _____	
Points Computation: Education _____ Points _____		Degree _____
Training _____ Points _____		
TOTAL _____ Points _____		
Years of Creditable Experience _____		
Recommended Issuance of _____	Basic _____ Intermediate _____	Advanced _____
Date Certificate Issued _____	Basic _____ Intermediate _____	Advanced _____

### TO BE COMPLETED BY APPLICANT

NAME (TO APPEAR ON CERTIFICATE) \_\_\_\_\_

Applicant's Home Address \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Employing Agency \_\_\_\_\_

Agency MAILING Address \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Rank/Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last 4 Social Security No. \_\_\_\_\_

Application for  Intermediate Certificate  Advanced Certificate

**CRIMINAL JUSTICE EXPERIENCE: (LIST PERMANENT, PAID EXPERIENCE ONLY)  
(Exclude Law Enforcement Experience)**

<u>Agency</u>	<u>Dates of Employment</u>	<u>Highest Rank</u>

**CRIMINAL JUSTICE TRAINING: (Excluding Law Enforcement Training)**

Training should be listed in chronological order with verifying documentation attached. Additional Sheets may be attached as necessary.

<u>School Name &amp; Course Title</u>	<u>Course length (Hrs.)</u>	<u>Date Completed</u>

**COLLEGE EDUCATION:**

<u>Name of College</u>	<u>Field of Study</u>	<u>Dates Attended</u>	<u>Semester Hours</u>	<u>Degree</u>

**ATTEST:** I hereby attest that 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 Agency substantiate the recommendation.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Unit or Department Head