

APPLICATION FOR AWARD OF INSTRUCTOR PROFESSIONAL RECOGNITION CERTIFICATE

INSTRUCTIONS:

- Please type or print clearly. Attach additional sheets if necessary.
- This form is to be completed by the applicant and forwarded to his/her agency/department head for recommendation/signature.
- At the time of application, the applicant must be a permanent, full-time, paid member of the NC DOC.
- Credit can only be given for full-time, paid criminal justice experience.
- Education and training must be supported by copies of transcripts, diplomas, agency training records (which must be signed by training officer or department head) or other verifying documents attached to this application.
- The department head or his officially designated representative will then forward the completed form and attachments to the Office of Staff Development and Training (OSDT) for processing.
- Action on the application will be reported directly to the applicant's department head/applicant.

TO BE COMPLETED BY APPLICANT
(PLEASE TYPE OR PRINT)

NAME (TO APPEAR ON CERTIFICATE)

LAST	FIRST	MIDDLE
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HOME ADDRESS	CITY	STATE	ZIP CODE
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EMPLOYING DIVISION / AGENCY / INSTITUTION / FACILITY

AGENCY MAILING ADDRESS	CITY	STATE	ZIP CODE
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CURRENT POSITION TITLE	WORK PHONE NUMBER
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IDENTIFY THE SPECIALIZED INSTRUCTOR CERTIFICATION THIS APPLICATION IS FOR:

FIREARMS CONTROLS RESTRAINTS & DEFENSIVE TATICS BATON

APPLICATION FOR: PRACTITIONER INTERMEDIATE MASTER

DATE OF BIRTH MM/DD/YYYY	SOCIAL SECURITY NUMBER ---/--/----
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THE SOCIAL SECURITY NUMBER IS USED TO MAKE POSITIVE IDENTIFICATION OF APPLICANT. DISCLOSURE IS VOLUNTARY. HOWEVER, FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN A DELAY IN THE PROCESSING OF APPLICATION MATERIALS AND MAY RESULT IN INACCURATE RECORDS BEING ASSIGNED TO YOU.

COLLEGE EDUCATION (Must provide copy of transcript or diploma)				
NAME OF COLLEGE	LOCATION (CITY/STATE)	DATES ATTENDED (MM/YY)	SEMESTER HOURS COMPLETED	DEGREE
	/	-		
	/	-		
	/	-		
	/	-		

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CRIMINAL JUSTICE EXPERIENCE: (LIST FULL-TIME, PAID EXPERIENCE ONLY, OUT-OF-STATE EXPERIENCE MUST BE DOCUMENTED BY ORIGINAL LETTER FROM PREVIOUS DEPARTMENT HEAD OR OTHER APPROPRIATE AUTHORITY, MILITARY EXPERIENCE MUST BE DOCUMENTED BY DD-214)

AGENCY NAME & LOCATION

DATES OF FULL-TIME, CRIMINAL JUSTICE EMPLOYMENT

CRIMINAL JUSTICE TEACHING EXPERIENCE:

(ATTACH TRAINING DOCUMENTATION I.E.; OSDT-1, STUDENT ROSTERS, CLASS SCHEDULES, OR DEPARTMENT TRAINING RECORDS)

ATTEST: I ATTEST THAT I HAVE READ AND SUBSCRIBE TO THE OSDT CODE OF ETHICS. THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE

SIGNATURE OF APPLICANT

DEPARTMENT HEAD RECOMMENDATION:

IT IS RECOMMENDED THAT THE INSTRUCTOR PROFESSIONAL RECOGNITION 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

SIGNATURE OF DEPARTMENT HEAD

FOR OSDT AUTHENTICATION USE ONLY

RECEIVED: ___ / ___ / ___ PROCESSED: ___ / ___ / ___ EVALUATING OFFICIAL: _____

INSTRUCTOR CERTIFICATION: YES NO CURRENTLY EMPLOYED FULL-TIME: YES NO

ATTEST TO CODE OF ETHICS: YES NO RECOMMENDED BY AGENCY HEAD: YES NO

POINTS COMPUTATION: EDUCATION POINTS _____ TYPE OF DEGREE _____

TRAINING POINTS _____

TOTAL POINTS _____

YEARS OF CREDITABLE EXPERIENCE _____

RECOMMENDED FIREARMS CONTROLS RESTRAINTS & DEFENSIVE TATICS BATON

ISSUANCE OF: PRACTITIONER INTERMEDIATE MASTER

RECOMMENDATION BY OSDT CURRICULUM MANAGER: _____

APPROVED BY OSDT DIRECTOR: _____

DATE OF CERTIFICATE ISSUED: PRACTITIONER INTERMEDIATE MASTER