

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

Criminal Justice Standards Division

Post Office Drawer 149 Raleigh, NC 27602

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Form F-9

(10/16)

**In-Service Compliance Report
Law Enforcement Officer 2016 In-Service Training Program**

Instructions: Each year **between January 1 and January 15 this form MUST be submitted** to the above address. Every certified officer shall receive all required annual In-Service training topics as specified in 12 NCAC 09E.0102 and 12 NCAC 09E.0108 during the calendar year. All certified officers shall be included whether they are full-time, part-time, paid, unpaid, regular, reserve, auxiliary, honorary, or special. (Calendar year runs from January 1 through December 31 of every year.) **Please TYPE or PRINT.** If you need assistance, please call the phone number listed above.

Agency Name: _____ Phone: _____

Agency Address: _____
Street/PO Box City Zip Code

I, as department head, do submit to the Commission this report of compliance for all certified officers, except those listed below, as having successfully completed this agency's in-service training program consistent with the minimum requirements established by the Commission. Those requirements being: Firearms Training and Qualifications (6 credits); Legal Update (4 credits); JMST: The Color of Justice (2 credits); Human Trafficking Awareness (2 credits); N.C. Firearms Laws: Citizens and Guns (2 credits) and Department Topics of Choice (8 credits).

*Signature Executive Officer or
Registered Authorized Representative* Title Date

*****Any officer who did not complete all 2016 mandated in-service training must be listed below. In addition, the Form F-9B must be completed on each officer who is NOT in compliance. The F-9B must be submitted along with the F-9.**

Complete this Section for Each Officer(s) Who Failed to Complete In-Service Training. Please ensure address information is correct and current.

Officer Full Name: _____ CJ ID#: _____

Home Address: _____

Officer Full Name: _____ CJ ID#: _____

Home Address: _____

Officer Full Name: _____ CJ ID#: _____

Home Address: _____

Officer Full Name: _____ CJ ID#: _____

Home Address: _____