

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

POST OFFICE DRAWER 149, RALEIGH, NC 27602

TELEPHONE: (919) 661-5980

SMI OPERATOR SUPERVISED FIELD INSTRUCTION / PRACTICE LOG

FORM SMI 15
(Rev. 9/19/16)

INSTRUCTIONS

This form must be completed in its entirety by each trainee who does not have a prior N.C. SMI Certification. This form must be **received** by the Criminal Justice Standards Division at P.O. Drawer 149, Raleigh, N.C. 27602 within **90 days** of completion of a Commission-accredited Radar or Radar/Time-Distance Operator Course in order to receive operator certification. 12 NCAC 9B.0409(a)(4). During this practice period, a trainee may not issue a citation for an offense that requires admission as evidence of the instrument reading pursuant to G.S. 8-50.2. A minimum of sixteen (16) hours of supervised field practice is required. If trainee possesses a prior stationary-only certification, an hourly log must be submitted and may contain a minimum of eight (8) hours of supervised field practice, but must be in moving mode configurations. If the prior certification was for moving instruments and certification is sought for instruments with same direction mode, the trainee must complete four (4) hours of practice in same direction mode. Field practice shall be conducted under supervision of a certified SMI Operator or Instructor certified on the instrument being utilized and under realistic conditions. Breaks, such as responding to calls, meal periods etc., may not be included within the practice hours. If trainee is seeking certification on more than one instrument, he/she must utilize the instrument containing the most features. If the instrument utilized has multiple functions and modes, the eight (8) hours (in the case of prior stationary-only certification), or sixteen (16) hours (without prior certification), shall be evenly divided among the Approved configurations being sought by the trainee. During field practice/instruction, trainees shall follow the Attesting for accuracy and operating procedures outlined in Appendix A of the Supplement for SMI Training Courses published by the N.C. Justice Academy.

<u>Date</u>			Operating Mode / Antenna	Operating Practice Time				NC Certified Operator/Instructor Providing Supervision		
Mo.	Day	Yr.	Mode Configuration	Start	End	Hour	Min.	Print Name	Signature	Last 4 SSN

*Front or Rear Stationary (F or R S) _____ Front or Rear Moving/Opposite Direction (F or R M OPP) _____ Front or Rear Moving Same Direction (F or R MS) _____

Trainee Name (*print*): _____ Last 4 Digits SSN: _____ Employing Agency: _____

Operator Course Location: _____ Date Completed: _____ Instrument Used (*Field Practice*): _____

OPERATOR'S STATEMENT OF PERFORMANCE

Seeking certification in the operation of (*check all that apply*): Stationary Moving, Single Antenna Moving, Dual Antenna Same Direction

I, the undersigned, hereby affirm I have received a minimum of four eight sixteen hours of supervised field instruction/practice as indicated above, and that this field practice was executed in conformance with the above instructions and guidelines established in the RADAR OPERATOR MANUAL published by the North Carolina Justice Academy.

Signature of Trainee

Trainee Email Address

Date

