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
CONTINUATION PAGE

FORM SMI 15A
(Rev. 6/29/13)

SUPERVISED FIELD INSTRUCTION/PRACTICE LOG

Date			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: _____

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