

**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION**



Post Office Drawer 149
Raleigh, NC 27602
Telephone: (919) 661-5980
Fax: (919) 779-8210

Form F-10B (ITC)
(Rev. 7/1/16)

POST-DELIVERY REPORT OF INSTRUCTOR TRAINING COURSE PRESENTATION

Instructions:

- (1) This Form is to be completed and executed by the **CERTIFIED** "School Director."
- (2) Please **TYPE** all information.
- (3) Indicate student performance under **ATTACHMENT IV** of this report.
- (4) Post Commission-**administered** exam score **PRIOR** to submitting report
- (5) **THIS FORM MUST BE SUBMITTED NO LATER THAN TEN (10) DAYS FOLLOWING THE COMPLETION OF THE COURSE.**

I. SPONSOR:

A. Name of Accredited Institution/Agency _____

B. Mailing Address _____
Street/PO Box _____ City _____ Zip _____

Phone Number _____

C. Certified School Director _____

II. THE TRAINING COURSE:

A. Title of Course: **General** **Subject Control Arrest Techniques** **Physical Fitness**
 Firearms **L.E. Driver Training** **Explosives and HAZMAT**

B. Number of Hours of Instruction _____ Course ID No. _____
(State Use Only)

C. Location of Course Delivery _____
(Specific classroom name/number, must be an Approved Classroom 12 NCAC 9B .0201)

D. Delivery Commencement Date _____ Date of State Exam _____

E. Classes Scheduled To Meet From _____ to _____ Days Per Week _____

