

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

Criminal Justice Standards Division

Post Office Drawer 149
Raleigh, NC 27602
Telephone 919-661-5980
Email CCH@ncdoj.gov



POST-DELIVERY REPORT OF CCH TRAINING COURSE PRESENTATION Form CCH-3 (Rev. 06.2023)

INSTRUCTIONS:

- (1) This form is to be completed by the certified CCH Instructor and submitted to CJ Standards NO later than (10) days after to completion of the course delivery.
(2) CJ Standards MUST be notified via email when a course is cancelled.

Name of certified CCH Instructor: _____

CCH Instructor Number: _____ CCH Instructor Certification Expiration Date: _____

A. Number of Course Hours: _____ Location of Course Delivery: _____ (Street Address Where Course Delivered)

B. Course Start Date: _____ Course Completion Date: _____ Final Class Size : _____

Course Type: NCJA Model Course NRA* USCCA* Hybrid*

* All courses must contain at minimum ALL requirements included in NCJA Model Course

CERTIFICATION:

In my official capacity as certified Concealed Carry Handgun Instructor, I hereby certify that the documentation submitted for the above CCH Course meets the minimum standards as specified by the North Carolina Administrative Code.

Print Certified CCH Instructor Name

Email Address of Certified CCH Instructor

Signature of Certified CCH Instructor

Date Signed

Commission Staff Use Only

Date Received: _____

Notes: