



# North Carolina Department of Public Safety

## Private Protective Services Board

### LEVEL TWO TRAINING CHECKLIST

#### Private Investigator Associate and Digital Forensics Examiner Associate

Instructions: This form is for the exclusive use of private investigator associates, digital forensics examiner associates, and their sponsors. This checklist is to be updated on a quarterly basis, pursuant to administrative rules 14B NCAC 16 .1101(3) and .1701(3), and maintained in accordance with administrative rule 14B NCAC 16 .0108.

Did the associate, pursuant to administrative rule 14B NCAC 16 .1103(a) or .1703(a), work under the one-on-one supervision of their sponsor during their first 40 hours of employment?

YES, date of completion: \_\_\_\_\_

NO, for the following reason(s): \_\_\_\_\_

Did the associate, pursuant to administrative rule 14B NCAC 16 .1103(a) or .1703(a), complete an additional 40 hours of work while under the one-on-one supervision of their sponsor during their first 1,000 hours, or first year, of employment?

YES, date of completion: \_\_\_\_\_

NO, for the following reason(s): \_\_\_\_\_

Did the associate, pursuant to administrative rule 14B NCAC 16 .1103(c) or .1703(c), meet with their sponsor, or another licensee at their firm, at least four times per month during this 3-month period to review each case the associate is working on or has worked on since the last meeting?

YES, dates of meetings:


NO, for the following reason(s): \_\_\_\_\_

Has the associate acquired at least 2,000 hours of training and satisfied the requirements of Level Two?

YES, date completed: \_\_\_\_\_

NO, the associate has acquired a total of \_\_\_\_\_ hours of training, as of this date: \_\_\_\_\_

\_\_\_\_\_  
Associate Name

\_\_\_\_\_  
Sponsor Name

\_\_\_\_\_  
Associate Licensee No. & Exp. Date

\_\_\_\_\_  
Sponsor License No. & Exp. Date

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date