

APCO INSTITUTE INSTRUCTOR CERTIFICATE APPLICATION FORM

APPLICANT NAME: _____
AGENCY NAME: _____
AGENCY ADDRESS: _____
CITY / STATE / ZIP: _____
DAYTIME PHONE: _____ Fax: _____
EMAIL ADDRESS: _____ APCO Membership #: _____

I CURRENTLY HOLD THE FOLLOWING STATE OR FEDERAL-LEVEL GOVERNMENT LAW ENFORCEMENT OR FIRE/EMS TRAINING ACADEMY INSTRUCTOR CERTIFICATES

(Attach copies of certificates & a curriculum outline for each course)

Course Name: _____ Academy Name: _____
Course Name: _____ Academy Name: _____

I HAVE A CERTIFICATE OF COMPLETION FOR THE FOLLOWING APCO INSTITUTE BASIC COURSE(S) AND WISH TO BE CERTIFIED AS AN APCO INSTITUTE AGENCY INSTRUCTOR FOR THE COURSE(S) I'VE COMPLETED: *Check all that apply* (Attach copies of all course certificates)

- Public Safety Telecommunicator I, 6th Edition Course Student Certificate #: _____
 Communications Training Officer Course Student Certificate #: _____
 Fire Service Communications, 1st Edition Course Student Certificate #: _____
 Communications Center Supervisor Course Student Certificate #: _____
 Emergency Medical Dispatch Student Certificate #: _____
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INSTRUCTOR CERTIFICATE APPLICATION FEE:

APCO Members \$189.00 per Certificate Non-Members 199.00 per Certificate

(Fee Includes Instructor Certificate & Instructor Guide Package)

Shipping Charges: Continental U.S. – no charge International - Call Institute for charges

Method of Payment (US funds only) Check Purchase Order (attach copy)
(New Jersey – Mail Original PO ONLY)

Credit Card (circle one) VISA MASTERCARD DISCOVER AMEX

Card #: _____ Exp: _____ Name on Card: _____

Card Holder Address: _____

Total amount enclosed: _____ (U.S. funds)

ATTACH: COURSE CERTIFICATES & OUTLINES and SIGNED AGENCY INSTRUCTOR AGREEMENT

RETURN TO:

APCO INSTITUTE, INC.
351 N. Williamson Blvd.
Daytona Beach, Florida 32114-1112
Voice: 888-272-6911 Fax: 386-322-9766