



Mail to:  
351 N Williamson Blvd.  
Daytona Beach, FL 32114  
Phone: 888-272-6911

## EMD Manager Recertification Form

Please fill out completely

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

APCO Membership # (if applicable) \_\_\_\_\_

Email Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Fax \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Certification Expiration date \_\_\_\_\_

### Recertification Requirements:

\_\_\_ CPR Certification expiration date: \_\_\_\_\_

\_\_\_ I have included copies of all applicable certificates

\_\_\_ I have completed and attached the Continuing Education  
Reporting Form

### Method of Payment \$30 (US Funds Only)

\_\_\_ Check

\_\_\_ Purchase Order (New Jersey mail original PO only)

\_\_\_ VISA Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

\_\_\_ Master Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

\_\_\_ Discover Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

\_\_\_ AMEX Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

## EMD Manager Recertification

You must accumulate a *minimum* of 12 recertification points (1 point per hour) per year through continuing education, for a total of 24 points (24 hours) over the two year recertification period. One point is equal to one hour of classroom time. Continuing education can include taking APCO Institute courses, college courses, in-service training, conference seminars, etc.

- Documented hours of formal quality control activities to include call review, EMD evaluation, etc.
- Documented hours of formal EMD program oversight to include EMD Guidance Committee meetings, EMD guidecard updates, etc.
- Training/education in management or supervision skills or other training designed to educate individuals in personnel management and/or project oversight

[illegible]

EMD Manager Name \_\_\_\_\_

EMD Manager Signature \_\_\_\_\_

Today's Date \_\_\_\_\_ (Make additional copies as needed)