



## APCO INSTITUTE LEADERSHIP CERTIFICATE PROGRAM

### APPLICATION FORM

**Applicant Information** (Please print clearly)

**Name:**

Current Job Title:

**APCO Member Number:**

Member Category: ☐ Active– Tier One ☐ Active – Tier Two  
(Check One) ☐ Member ☐ Commercial

APCO Chapter:

Years as Member: Years in Public Safety Communications:

APCO Staff Member: ☐ Manager-level ☐ Director-level

**Street Address:**

City/State/Zip Code:

Telephone Number(s):

Email address:

**Employer Name:**

Years Employed:

Employer Address:

City/State/Zip Code:

**Supervisor's Name:**

Telephone Number:

Email Address:

**APCO Chapter-Based Committee Experience:**

Please list all chapter-based committees you have been active in for the past five years.  
List Committee name and office held and/or involvement.

**APCO Association-Based Committee Experience:**

Please list all association-based committees you have been active in for the past five years.  
List Committee name and office held and/or involvement.

**Industry-Related Activities/Achievements:**

Please list any other industry-related activities/achievements you've personally accomplished in the last five years.

Please describe your reason for applying for acceptance into the Leadership Certificate Program.

A requirement of the Leadership Certificate Program is that the participant must perform a service project during the timeframe for Program completion. The service project must benefit the Association and/or the industry at either the state, regional or national level. Examples of acceptable service projects are state or national Association committee work, participation in an APCO Institute course development workgroup, advocating for legislation that supports the role of public safety communications, 9-1-1 public education activities and other similar activities designed to benefit and enhance the role of public safety communications.

Please describe the service project you would undertake if accepted into the Leadership Certificate Program.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return application to:

**APCO INSTITUTE, INC.**  
351 N. Williamson Blvd.  
Daytona Beach, Florida 32114  
Fax: 1-386-322-9766

