

EMD Student Recertification Form (2006)

Please print carefully and fill out completely

NAME _____
APCO MEMBERSHIP# (if applicable) _____
EMAIL ADDRESS _____
DAYTIME PHONE _____
FAX _____
AGENCY _____
AGENCY ADDRESS _____
CITY _____ STATE _____ ZIP _____
ON STAFF EMD MANAGER/EMD INSTRUCTOR _____
CERTIFICATE # _____

I am currently certified as an Emergency Medical Dispatcher:

- ☐ EMD Basic Certificate # _____
- ☐ CPR Certification Expiration Date _____
- ☐ I have included all copies of applicable certificates (required)
- ☐ I have attached the Continuing Education Reporting Form (EMD Student) documenting my continuing education (required)

Instructions for agencies who wish to recertify all or part of their EMD students at one time:

Your agency may provide this information in the form of a letter on official letterhead that verifies completion of each of these recertification requirements.

Please enclose your \$30 recertification fee with your application & return to:

**APCO Institute
351 N. Williamson Blvd.
Daytona Beach, FL 32114-1112
Voice: 386-322-2500
FAX: 386-322-9766**

METHOD OF PAYMENT (US FUNDS ONLY)

CHECK # _____

PURCHASE ORDER _____ (ENCLOSED) (New Jersey mail original PO ONLY)

VISA MASTERCARD DISCOVER AMEX

CARD # _____ EXP _____ 3/4 Digit Security Code _____

NAME ON CARD _____

SIGNATURE _____