

Agency Instructor Recertification

COMPLETE & RETURN TO: APCO Institute, Inc.
351 N. Williamson Blvd.
Daytona Beach, FL 32114-1112
Phone 386-322-2500 Fax 386-322-9766

NAME: _____
EMAIL ADDRESS: _____
DAYTIME PHONE: _____ FAX: _____
AGENCY: _____
AGENCY ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

List the APCO Course Certificates you currently hold:

| Course | Certificate Number | Expiration Date |
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Recertification Point Accumulation – You must accumulate a minimum of 48 points.

TEACHING OR INSTRUCTING

You must accumulate a ***minimum*** of 12 recertification hours per year through teaching/instructing, for a total of 24 hours over the two-year recertification period. One hour is equal to one hour of classroom instruction. Instruction may be formal classes or informal in-service type training. Continuing education can include teaching APCO Institute courses, college or academy courses, conducting in-service training, presenting conference seminars etc.

CONTINUING EDUCATION:

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

EMD RECERTIFICATION:

EMD Instructors – In addition to the above minimum requirements, submit a copy of your current CPR certification. If you're certified to teach the medical portion of the program, submit copies of your current EMT (or greater) license information.

Total Hours for Courses Taught or Instructed (Minimum of 24 hours) _____

Total Hours for Courses Taken or Continuing Education (Minimum of 24 Hours) _____

You Must Accumulate a Minimum of 48 Hours

Total Hours = _____

METHOD OF PAYMENT (US Funds Only)

CREDIT CARD

- ☐ CHECK ENCLOSED
- ☐ PURCHASE ORDER (***ENCLOSED***)
- ☐ VISA
- ☐ MASTERCARD
- ☐ DISCOVER CARD
- ☐ AMERICAN EXPRESS

Card #: _____ EXP: _____

Name on Card _____

Card Holders Address _____

**Payment of \$95.00 Must Accompany the
Agency Instructor Recertification Form**

Signature _____

APCO Institute Agency Instructor Agreement

As a Certified APCO Institute Agency Instructor I agree as follows:

1. I acknowledge receipt of the APCO Institute's **Agency Instructor Certification Requirements, 2009 Edition** and I will follow the policies, procedures and responsibilities outlined therein.
2. I will devote such time as may be reasonably necessary for the purpose of preparing for the delivery of any APCO program.
3. I will not conduct APCO Institute Courses in my own name or conduct courses for the purpose of seeking profit.
4. I will not photocopy, reproduce or distribute any APCO Institute materials without the written permission of APCO Institute. I understand that any such photocopy, reproduction or distribution is a violation of the copyright laws of the United States of America.
5. I understand that failure to follow policy and/or procedure set forth by APCO Institute in the **Agency Instructor Certificate Requirements, 2009 Edition** will result in my certification being revoked. I further understand that any students who receive certificates of completion through my instruction may also have their certification revoked should my certification be revoked for policy violations.

Signature of APCO Institute Agency Instructor

Date

Printed name of APCO Institute Agency Instructor

Instructor Email Address

APCO Institute Agency Instructor Agency Name

Agency Address (Street/City/State/Zip)

Agency Phone Number

Agency Fax Number

APCO INSTITUTE INSTRUCTOR COURSE CERTIFICATES HELD

- | | |
|--|--------------------|
| <input type="checkbox"/> Public Safety Telecommunicator I Course | Expire Date: _____ |
| <input type="checkbox"/> Communications Training Officer Course | Expire Date: _____ |
| <input type="checkbox"/> Fire Service Communications, 1 st Edition Course | Expire Date: _____ |
| <input type="checkbox"/> Communications Center Supervisor Course | Expire Date: _____ |
| <input type="checkbox"/> Emergency Medical Dispatch Course | Expire Date: _____ |
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RETURN FORM TO:

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

Name: _____

| Date | Training Course Title/Description | Total Hours |
|---------------------|-----------------------------------|-------------|
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| Total hours: | | |

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Attach additional sheets as needed