



APCO Institute Instructor Application

Requirements to obtain APCO Instructor certification through the application process:

- Complete the Instructor Application paperwork
- Pass the Online APCO Instructor Application Exam
- Minimum of one year experience as a trainer, supervisor, or lead worker in a Public Safety Communications Center or a Telematics or 3-1-1 call center (*Contact APCO for newly EMD Implemented Agencies*)

Conditions of eligibility:

- Applicants must provide a copy of a State or National Instructor certificate from a related field and the Course Outline/Syllabus.
- Course Outline/Syllabus must state training for Adult Learning Techniques.

** In addition to the above, EMD Instructors are required to submit a copy of CPR certification.*

EMD Restricted Medical Instructors must complete the EMD Restricted Medical Instructor Application.

** EMD Restricted Medical Instructors are only allowed to teach the two medical modules in the EMD Course.*

Procedure:

1. Complete the application
2. Email, fax or mail the completed application and application fee
Submissions with credit cards - Must be submitted by regular mail / fax number specified on application form.
3. Upon completed application submission, the applicant will be contacted through email on how to access the APCO Instructor exam.
4. The applicant will notify APCO via email after completing the exam.
5. Upon successful completion of the exam, the applicant will receive their APCO Instructor certification.

Questions:

Phone: 386-322-2500

recerts@apcointl.org



APCO Institute Instructor Application Form

INSTRUCTOR 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 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 have completed: *Check all that apply.*

- Public Safety Telecommunicator I, 7th Edition Student Course Certificate
- Communications Training Officer, 5th Edition Student Course Certificate
- Fire Service Communications, 2nd Edition Student Course Certificate
- Communications Center Supervisor, 4th Edition Student Course Certificate
- Emergency Medical Dispatch, 5th Edition Student Course Certificate
- Law Enforcement Communications, 1st Edition Student Course Certificate

Instructor Certificate Application Fee	Price
Fee Includes Instructor Certificate & access to Instructor Resources	\$179.00 per Certificate

Method of Payment (US funds only) Check Purchase Order (*Attach copy*) / **New Jersey – Original Purchase Order Only**
Credit Card (*Check one*): VISA MASTERCARD DISCOVER AMEX

Card Number: _____ Exp: _____
Name on Card: _____
Cardholder Address: _____
Signature: _____

RETURN INSTRUCTOR APPLICATION PAPERWORK AND SIGNED AGENCY INSTRUCTOR AGREEMENT TO:
APCO International
351 N. Williamson Blvd.
Daytona Beach, Florida 32114
Fax: 386-239-8397

APCO Institute Agency Instructor Agreement

As an APCO Institute Agency Instructor I agree as follows:

1. I acknowledge receipt of the APCO Institute's **Agency Instructor Policy and Procedure Manual 2013 Edition, Version 1.0** and I will follow the policies, procedures and responsibilities outlined therein.
2. I acknowledge that I meet the minimum requirements as outlined in the **Agency Instructor Policy and Procedure Manual 2013 Edition, Version 1.0**.
3. I will devote such time as may be reasonably necessary for the purpose of preparing for the delivery of any APCO program.
4. I will not conduct APCO Institute Courses in my own name or conduct courses for the purpose of seeking profit.
5. 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.
6. I will submit class paperwork to the APCO Institute within five business day of the end of the class.
7. I will participate in discussions and use the Agency Instructor PSConnect Group as a resource.
8. I understand that failure to follow policy and/or procedure set forth by APCO Institute in the **Agency Instructor Policy and Procedure Manual 2013 Edition, Version 1.0** 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

Agency Instructor Email Address

APCO Institute Agency Instructor Agency Name

Agency Address (Street/City/State/Zip)

Agency Phone Number

Agency Fax Number

Please indicate which instructor certifications you currently hold and any for which you are requesting an upgrade:

Current Instructor Certification Held

Newly Obtained/Requested Instructor Certification

Public-Safety Telecommunicator I Course, 7th Edition

Communication Training Officer Course, 5th Edition

Fire Service Communications, 2nd Edition

Communications Center Supervisor Course, 4th Edition

Emergency Medical Dispatch Course, 5th Edition, Version 3

Law Enforcement Communications, 1st Edition