

APCO Institute - Career Instructor Program  
351 N. Williamson Blvd.  
Daytona Beach, FL 32114-112  
CIP@apcointl.org

Dear APCO Institute Team,

I attest that \_\_\_\_\_ [Instructor's Name] is authorized to teach APCO's Public Safety Telecommunicator 1 course at \_\_\_\_\_ [Institution Name], a [secondary/career ed/post-secondary] institution. \_\_\_\_\_ [Instructor's Name] holds the necessary qualifications and certifications required by our institution and the relevant accrediting bodies to teach this course at our institution.

Furthermore, \_\_\_\_\_ [Instructor's Name] has been granted authorization by \_\_\_\_\_ [Institution Name] to serve as a Career Instructor as part of the APCO Institute's Career Instructor Program. This authorization indicates that \_\_\_\_\_ [Instructor's Name] is permitted to participate in the program and to fulfill all associated duties and responsibilities.

Sincerely,

\_\_\_\_\_  
[Supervisor's Name]

\_\_\_\_\_  
[Supervisor's Signature]

\_\_\_\_\_  
[Supervisor's Title]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Email Address]

\_\_\_\_\_  
[Phone Number]