



APCO Institute EMD Restricted Medical Instructor Application

Requirement to obtain APCO instructor certification through the application process:

- Complete the Instructor Application paperwork
- Pass the Online APCO Instructor Application

Conditions of eligibility:

- Applicants must provide a copy of a State or National Instructor certificate from a related field and the course outline/syllabus
- In addition to the above, EMD Instructors are required to submit a current copy of CPR certification and EMT/Paramedic certification.
- EMD restricted medical instructors must submit proof of completing an EMD training course if completed. If no EMD certificate available, please email a request for the EMD restricted medical instructor agreement form to emd@apcointl.org.

**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 online APCO instructor application exam.
4. The applicant will notify APCO via email after completing the online APCO instructor application exam.
5. Upon successful completion of the online APCO instructor application exam, the applicant will receive APCO instructor certification.

For more information, contact us at (386) 322-2500 or recerts@apcointl.org



RETURN INSTRUCTOR APPLICATION

PAPERWORK TO:

APCO International

351 N. Williamson Blvd.

Daytona Beach, Florida 32114

Fax (386) 239-8397

EMD Restricted Medical Instructor Application

Please fill out completely

Today's Date _____

Name _____

APCO Membership # (if applicable) _____

Email Address _____

Daytime Phone Number _____

Fax _____

Agency _____

Agency Address _____

City _____ State _____ Zip _____

Please include the following with your application:

Resume/curriculum vitae

Certificate of medical training

Certificate of instructor qualifications

Current CPR and current EMT-A card/paramedic license

EMD certificate from a national recognized program (*If applicable*)

Application/certification fee (*includes instructor resources*)

Agency instructor agreement form (*attached*)

Payment must accompany this application: APCO members \$159; Non Members \$169

___ Check Enclosed

___ Purchase Order (New Jersey mail original PO only)

___ VISA Card Number _____ Exp _____ Security Code _____

___ Master Card Number _____ Exp _____ Security Code _____

___ Discover Card Number _____ Exp _____ Security Code _____

___ AMEX Card Number _____ Exp _____ Security Code _____

Name on Card _____

Address _____

City _____ State _____ Zip _____

Signature _____

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, 7th Edition

Communication Training Officer, 5th Edition

Fire Service Communications, 2nd Edition

Communications Center Supervisor, 5th Edition

Emergency Medical Dispatch, 5th Edition, Version 4

Law Enforcement Communications, 1st Edition