



## APCO INSTITUTE EMD RESTRICTED MEDICAL INSTRUCTOR APPLICATION

***\*\*EMD Restricted Medical Instructors are permitted to teach Module 4 & co-teach Module 5 with an EMD Restricted Dispatch Only Instructor.\*\****

### **Requirement to obtain APCO instructor certification through the application process:**

- Complete the Instructor Application Packet
- Pass the [APCO Restricted Medical Instructor Application Exam](#)
  - **Starting May 28, 2025, APCO Institute Online has a new website.**  
Please set up an account on the new classroom website: [APCO Institute Online Training site](#). **Please be sure to use the same email address as you use for My APCO.** A confirmation email will be sent to your email address within 30 minutes.
  - Print certificate and include with Application Packet
- You will be required to create a profile in the My APCO site. Digitally sign the [Agency Instructor Agreement](#).

### **Conditions of eligibility:**

- Applicants must provide:
  - Copy of a State, National, or Federal Instructor certificate from a related field (EX: EMS Instructor/Fire I/II/State General Instructor)
  - Current CPR Certification
  - Current EMT-I/A, Paramedic, RN/LPN, MD License (Must have ALS Training)
  - Application will not be processed unless all fields with an \* are completed

### **Procedure:**

1. Complete the application process
2. Email or Fax the completed application:
  - a. Paying by PO – Include PO document with application packet when submitting via email to [recerts@apcointl.org](mailto:recerts@apcointl.org) or secure fax (386)239-8397.
  - b. Paying by Credit Card – Include CC information and submit application packet via secure fax (386)239-8397.
  - c. Paying by check – Indicate check when submitting by email or secure fax. Application packet will not be processed until check is received.
3. Upon review and approval of application packet, applicant will receive an email with instructions to print the instructor certificate via My Classes Taken in Training Central and PSConnect access information.

**\*\*For more information, contact us at (386) 322-2500 or [recerts@apcointl.org](mailto:recerts@apcointl.org)\*\***



### EMD Restricted Medical Instructor Application

Today's Date\* \_\_\_\_\_

Name\* \_\_\_\_\_ APCO Member # \_\_\_\_\_

Email Address\* \_\_\_\_\_

Daytime Phone Number\* \_\_\_\_\_

Fax \_\_\_\_\_

Agency\* \_\_\_\_\_

Agency Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

**GDPR Acceptance\*:**

*By submission of this application, you are selecting "I agree" and acknowledging acceptance of the GDPR regulations giving us permission to register you for the Restricted Medical Instructor Application.*

**Please Include the following with your Application Packet\*:**

- Copy of a State, National, or Federal Instructor certificate from a related field (EX: EMS Instructor/Fire I/II/State General Instructor)
- Current CPR Certification
- Current EMT-I/A, Paramedic, RN/LPN, MD License (Must have ALS Training)
- Instructor Application Exam Certificate
- Application Fee

**Application Fee Payment\*: APCO Members \$159; Non Members \$169**

Send Check to:

APCO International 351 N. Williamson Blvd., Daytona Beach, FL 32114

Purchase Order (New Jersey – Original PO Required)

Secure Fax: (386)239-8397

Card Type Visa Master Card Discover AMEX

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Credit Card and/or Application Acceptance Signature:**

**Signature\*** \_\_\_\_\_