

APCO INSTITUTE CERTIFIED INSTRUCTOR UPGRADE FORM

Copies of all Certificates must be submitted with Upgrade Form

INSTRUCTOR NAME: _____
AGENCY NAME: _____
AGENCY ADDRESS: _____
CITY / STATE / ZIP: _____
DAYTIME PHONE: _____ Fax: _____
EMAIL ADDRESS: _____ APCO Membership #: _____

I AM CURRENTLY CERTIFIED AS AN APCO INSTITUTE INSTRUCTOR FOR:

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Public Safety Telecommunicator I
(circle one) 5 th Edition 6 th Edition | Instructor Certificate #: _____ |
| <input type="checkbox"/> Communications Training Officer Course
(circle one) 3rd Edition 4th Edition | Instructor Certificate #: _____ |
| <input type="checkbox"/> Fire Service Communications, 1 st Edition | Instructor Certificate #: _____ |
| <input type="checkbox"/> Fire Communications Course, 3 rd Edition | Instructor Certificate #: _____ |
| <input type="checkbox"/> Communications Center Supervisor Course
(circle one) 3rd Edition | Instructor Certificate #: _____ |
| <input type="checkbox"/> Emergency Medical Dispatch Course
(circle one) 4th Edition 5th Edition | Instructor Certificate #: _____ |

I WISH TO BE CERTIFIED AS AN INSTRUCTOR FOR: (Student course required prior to upgrade)

- | | |
|---|------------------------------|
| <input type="checkbox"/> Public Safety Telecommunicator I, 6 th Edition | Student Certificate #: _____ |
| <input type="checkbox"/> Communications Training Officer, 4 th Edition | Student Certificate #: _____ |
| <input type="checkbox"/> Fire Service Communications, 1 st Edition | Student Certificate #: _____ |
| <input type="checkbox"/> Communications Center Supervisor, 3 rd Edition | Student Certificate #: _____ |
| <input type="checkbox"/> EMD Instructor, 5 th Edition, Version 2
(Must hold EMD Certification for a minimum of 1 yr.) | Student Certificate #: _____ |

UPGRADE FEE: \$149.00 per upgrade (Includes Instructor Certificate and Instructor Guide Package)

Shipping Charges: Continental U.S. – no charge International - Call Institute for charges

Method of Payment (US funds only) Check Purchase Order (attach copy) **New Jersey - Original Only**

Credit Card (circle one) VISA MASTERCARD DISCOVER AMEX

Card #: _____ Exp: _____ 3/4 Digit Security # _____

Name on Card: _____

Card Holder Address: _____

RETURN COPIES OF ALL CERTIFICATES and SIGNED AGENCY INSTRUCTOR AGREEMENT TO:

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