

EPD INSTRUCTOR APPLICATION

Please submit this signed application to the address at right.



WORLD HEADQUARTERS:

110 South Regent Street, Suite 800
Salt Lake City, Utah 84111, USA
800-960-6236 (USA); 801-359-6916 (Int'l/Local)
801-359-0996 (Fax); www.emergencydispatch.org

24-hour Initial EPD Course Information (pre-requisite):

Dates & Location _____

Instructor's Name _____

Academy Certification Number _____

CANDIDATE INFORMATION

Last Name _____ First Name _____ Middle Initial _____

WORK INFORMATION

Agency Name (place of employment) _____ Job Title _____

Mailing Address _____

City/Town _____ State/Province _____ Postal Code _____

Country _____ Work E-mail Address _____

Agency Phone _____ Agency Fax _____

City/Town _____ State/Province _____ Postal Code _____

ACCREDITED CENTER OF EXCELLENCE CONTACT INFORMATION

Contact Person _____ Title _____

Day Phone _____ Fax _____

Address (if different from above) _____

City/Town _____ State/Province _____ Postal Code _____

Country _____ Work E-mail Address _____

Accreditation Date: _____ Expiration Date: _____

POLICE EDUCATION AND EXPERIENCE

5 years of full-time service as a traditional full time police officer for a state, county or municipal law enforcement agency (non-military, or country equivalent. Police communications center experience is preferred. Use of an IAED Protocol is preferred.)

Years of Police experience: _____ Years of Dispatch/Communications (EPD) experience: _____

Attach a curriculum vitae/resume to document and describe your adult educational teaching experience and specific instructor qualifications and experience, police-related or otherwise. Also include three (3) letters of recommendation and verification of the pre-requisites.



I hereby request to enter the IAEPD instructor training program and agree to abide by the Academy's Code of Ethics, Code of Conduct and to respect all IAED and PDC intellectual property right, including copyrights, patents, and trademarks regarding course materials, software, and/or protocols. I also authorize the release of my IAEPD status and any exam results to my employer, prospective employers and/or the person or entity to whom the cost of the course(s) is invoiced. *I UNDERSTAND THAT EPD INSTRUCTOR CERTIFICATION DOES NOT GUARANTEE ANY TEACHING POSITION OR EMPLOYMENT.*

Candidate Signature: _____ Date: _____

YOU MUST SIGN HERE TO COMPLETE APPLICATION