

INSTRUCTOR CERTIFICATION REQUEST

FORM PC-2 revised 05/2007

Please fill in all applicable blocks. Once completed, return this form to the requesting Academy. The information provided will be maintained at the Academy.

1. Academy Requesting Certification:		2. Academy Dates/Session:	
3. Instructor: (please print)		4. Place of Employment:	
5.			
Course Title		Hours of Instruction	
a.			
b.			
c.			
d.			
e.			
f.			
g.			
(continue list on blank paper and attach if necessary)			
6. Education (highest grade completed only):			
a. High School: _____ Year completed: _____			
b. Undergraduate: _____ Year completed: _____			
7. ALL certificates must be included in the Instructor's File and updated as necessary.			

I certify that this information provided is just and true in all respects to the best of my knowledge:

INSTRUCTOR'S SIGNATURE

DATE