

# 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.**

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

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

\_\_\_\_\_  
**INSTRUCTOR'S SIGNATURE**

\_\_\_\_\_  
**DATE**