



Mail to:
APCO International
351 N Williamson Blvd.
Daytona Beach, FL 32114
Voice: (386) 322-2500 Fax: (386) 322-9766
Or Email Form To: recert@apcointl.org

EMD Manager Recertification Form

Please fill out completely

Today's Date _____

Name _____

APCO Membership # (if applicable) _____

Email Address _____

Daytime Phone Number _____

Fax _____

Agency _____

Agency Address _____

City _____ State _____ Zip _____

Current Certification Expiration date _____

Recertification Requirements:

I have included a copy of my EMD Manager certificate

I have completed and attached the Continuing Education Reporting Form

Method of Payment \$30 (US Funds Only) Paperwork will not be processed without payment

Check

Purchase Order (New Jersey mail original PO only)

VISA Card Number _____ Exp Date _____

Master Card Number _____ Exp Date _____

Discover Card Number _____ Exp Date _____

AMEX Card Number _____ Exp Date _____

Name on Card _____

Cardholder's Email Address _____

Signature _____

CONTINUING EDUCATION REPORTING FORM (Page 1 of 2)

EMD Manager Recertification

Continuing Education:

You must accumulate a *minimum* of 12 recertification points (1 point per hour) per year through continuing education, for a total of 24 points (24 hours) over the two year recertification period. One point is equal to one hour of classroom time. Continuing education can include taking APCO Institute courses, college courses, in-service training, conference seminars, etc.

An additional twelve (12) hours CDE must fall into one or more of the following categories:

- Documented hours of formal quality control activities to include call review, EMD evaluation, etc.
- Documented hours of formal EMD program oversight to include EMD Guidance Committee meetings, EMD guidecard updates, etc.
- Training/education in management or supervision skills or other training designed to educate individuals in personnel management and/or project oversight

36 CDE hours total minimum. Document CDEs on the following page.

I attest that all the information provided on this document is true. I understand that falsifying any information will result in my EMD Manager certification to be revoked immediately and any payment received will be not be refunded.

EMD Manager Name _____

EMD Manager Signature _____

Today's Date _____

PROCESSING TIME

- Please allow 3 weeks from the time of submission of your recertification application for it to be processed.

RESPONSIBILITIES OF RECERTIFICATION PROCESS

- Recertification is considered an individual's personal responsibility. If you expect your employer to complete and submit the recertification packet and processing fee, and they fail to do so, your certification will lapse.

INCOMPLETE RECERTIFICATION PACKET SUBMISSION

- Incomplete recertification packets will be returned to the listed address on this form. Corrected recertification packet must be returned to APCO within 30 days in order to be considered for recertification.
- Corrected recertification packets received after 30 days will incur late fees.
- Recertification packet completion and submission is the applicant's sole responsibility.

MAILING RECERTIFICATION PACKETS

- APCO recommends you submit your recertification packet utilizing a traceable or verifiable means of delivery confirmation. NOTE: APCO is not responsible for lost mailings.

CONTINUING EDUCATION REPORTING FORM (Page 2 of 2)

First Year	From _____ to _____ (Year Date)	
Date	CONTINUING EDUCATION Training Course Title/Description	Total Hours

Second Year	From _____ to _____ (Year Date)	
Date	CONTINUING EDUCATION Training Course Title/Description	Total Hours

Additional CDEs	REQUIRED 12 Additional CDE hours	
Date	ADDITIONAL CDEs Training Course Title/Description	Total Hours
