

COURSE CERTIFICATION REQUEST

FORM PC-1 revised 05/2007

Please have this form completed by the instructor for **EACH ACADEMY SESSION THAT THE COURSE IS OFFERED**. This form should be on file at the academy prior to the date of instruction. If the instructor has not changed or updated the instruction block, this form may be copied and dates changed to reflect each time the course is offered. Return the completed form and attachments to the academy where it should be maintained.

1. ACADEMY REQUESTING CERTIFICATION:	2. ACADEMY DATES/SESSION:
3. COURSE TITLE:	
4. CURRICULUM: _____ ELECTIVE _____ POST REQUIRED	
5. INSTRUCTOR (print name):	6. PLACE OF EMPLOYMENT:
7. TOTAL HOURS OF COURSE INSTRUCTION:	8. COURSE INSTRUCTION BREAKDOWN: _____ HOURS PER DAY _____ DAYS PER ACADEMY SESSION
9. INDICATE METHODS OF PRESENTATION: _____ LECTURE _____ DEMONSTRATION _____ ROLE PLAYING _____ PARTICIPATION _____ OTHER	
10. LIST TRAINING AID(S) USED:	
11. LIST REFERENCE MATERIALS (TEXT, FILMS, ETC.)	

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

INSTRUCTOR'S SIGNATURE

DATE