

THE UNITED STATES POLICE CANINE ASSOCIATION, INC.

“Trainer’s Certificate (if approved) shall be valid only while applicant is a current member of the USPCA”

APPLICATION FOR TRAINER Date_____

Region or District_____ Level_____ Detector_____ Regional Trainer_____

Name _____ DOB _____
Last First

Home Address _____
Street City State Zip

Employed By _____
Department Address

E Mail Address _____ Home phone _____ Cell _____

Immediate Supervisor _____
Rank / Name Phone Number

Present Position _____ Years in this position _____

Years assigned as Trainer _____ Administrator _____

Total number of dogs trained _____ Specific years trained _____

Dogs trained by you certifying PD I / PDII / Detector Dog

Verifiable by National Records please list exact region, date, and certification
Include a copy of certificate of certification(s) for the required number of teams.

Handler and Dog’s Name _____ Region / Date / Certification Obtained _____

_____ National Judge _____ If Yes judges number _____

Judging Assignment Year Region

List Seminars and Schools Attended:

Year	School/ Owner	Instructor	Course and Length
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Membership Status Regular Associate

Applicant must submit copies of the certificates for teams they are submitting. (Ex. For Level I: Five surveys are needed with two certifying at a PD I. The two with PD I will need a copy of this certificate) Applicant Must Include a Copy of Your Course Curriculum, Certificates, Dept Letter affirming assignment as agencies trainer, and unit letter if more than one trainer is claiming the same dogs.

Date ___/___/___ Signature of Applicant _____

Attach any other information you feel qualifies you as a USPCA Certified Trainer, i.e. Resume, letters of recommendation, etc.

Recommendation of Active Nationally Certified Judge

Judge's Name / Signature _____

Approved Disapproved Date ___/___/___

Comments _____

Regional Officers Signatures (two) **President (REQUIRED)**

1. _____ Date ___/___/___

Approved Disapproved Abstain

2. _____ Date ___/___/___

Approved Disapproved Abstain

Application must be forwarded by Regional Executive Board to Chairman of the Trainers Committee with all necessary attachments. The submitting region will keep a complete copy for their records. Do Not Staple Paperwork.

Received by National Office _____ Sent to Committee _____

Committee Recommendation _____

Trainers Committee Chairman _____

Executive Board Action _____

If for any reason the applicant is denied, it is the responsibility of the chairman of the Trainers Committee to notify the applicant within 30 days.

Date Applicant Notified _____/_____/_____

If more than one trainer claims the same team then a letter, on department letterhead, must be submitted from the K-9 Supervisor of the agency hosting the K-9 training class. (See Trainer's Qualifications for further explanation)