

# UNITED STATES POLICE CANINE ASSOCIATION, INC.

## Application for Trainer

Date: \_\_\_\_\_

**FORM MUST BE TYPED**

Region: \_\_\_\_\_

Level Applying For:

Regional Trainer

Detector Trainer

Level I

Level II

Level III

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Home or Work Address: \_\_\_\_\_

Street

City

State

Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Membership status: Regular

Associate

Agency Employed by: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Present Position: \_\_\_\_\_ Years in this position? \_\_\_\_\_

Years assigned as Dept Trainer? \_\_\_\_\_ Total number of dogs trained? \_\_\_\_\_

Dogs trained by you who have certified PDI/Tracking/Detector that are verifiable by National Records: Please list exact region, date and type of certification. Include copy of the certificate of certification for each. Use an additional typed sheet if needed.

Handler and dog's name	Region	Date	Type of Certification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a Nationally Certified Judge? \_\_\_\_\_ List discipline (s) \_\_\_\_\_ Judges #: \_\_\_\_\_

Are you a Regionally Certified Judge? \_\_\_\_\_ List discipline (s) \_\_\_\_\_

**\*\*\*Applicant must submit copies of the certificates for teams they are submitting. Applicant must also submit a copy of your course curriculum and letterhead affirming assignment as your agencies trainer.**

List seminars and schools attended: (use additional typed sheets if needed)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Required signatures:**

Regional President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Regional Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Please attach any other information you feel qualifies you as a USPCA Certified Trainer. Examples: Letter of recommendation, resume, etc. 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 Training class. (see qualifications for further details)*

**NATIONAL OFFICE USE ONLY**

Date Received at the Office of the Trainers Committee Chairman: \_\_\_\_\_

Sent to Committee: \_\_\_\_\_

Date Received at the National Secretary's Office: \_\_\_\_\_

**COMMITTEE RECOMMENDATION:** \_\_\_\_\_

Signature of the Trainers Committee Chairman: \_\_\_\_\_

Date of Approval by the National Executive Committee: \_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_

Date applicant notified that the application has been denied: \_\_\_\_\_

(Applicant must be notified within 30 days of receipt of the application)