***Please be advised that all training MUST take place at the PSAP and
will require a designated In-House Trainer. The In-House Trainer MUST be a certified 911 Telecommunicator.
The student MUST have access to a laptop/desktop with video and audio capabilities to participate in our
on-line trainings. The student will also be required to download the FREE Webex App prior to the start of training.***

Course Information (*Please fill in requested dates of training*)

|  |  |
| --- | --- |
|  Course Title |  Date(s) |
| APCO Public Safety Telecommunicator  |  |

Chief/Director/PSAP Supervisor Information Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (full name - include title)

Agency / Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency / Department Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Tel. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (include area code) (optional)

EMAIL Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 ***(ALL CONFIRMATIONS WILL BE EMAILED TO THE EMAIL ADDRESS ABOVE)***

PSAP IN-HOUSE Trainer Information **(IN-HOUSE Trainers MUST be certified 911 Telecommunicators)
It is highly recommended that the In-House Trainer(s) attend a “PSAP In-House Trainer Workshop” prior to training taken place. Please go to** [**www.mass.gov/e911**](http://www.mass.gov/e911) **for upcoming workshop dates.**

In-House Trainer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (full name - include title)

Direct Tel. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (include area code) (optional)
EMAIL Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Additional PSAP In-House Trainers can be listed on page 2\****

***\*STUDENT MANUALS WILL BE MAILED VIA UPS WITHIN 2 BUSINESS DAYS\****

STUDENT Information

|  |  |  |  |
| --- | --- | --- | --- |
|  | Student Name | Last Four Digits of SS# | Email Address |
| 1. |  |  |  |
| 2.  |  |  |  |
| 3. |  |  |  |

STUDENT Information (Continued)

|  |  |  |  |
| --- | --- | --- | --- |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |

**CHIEF/DIRECTOR/PSAP SUPERVISOR SIGNATURE: ­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**As a designated PSAP In-house Trainer for the State 911 Department, I agree as follows**:

**Designated PSAP In-house Trainer Agreement**

Massachusetts State 911 Department

1. I acknowledge that I am a currently certified telecommunicator, and I agree to maintain my certification throughout the term of this agreement.
2. I am in receipt of the State 911 Department’s designated PSAP In-house Trainer training and testing guidelines, and I will uphold the responsibilities outlined therein.
3. I agree to oversee both the learning and testing of new/prospective candidates for various components of the State 911 Department’s Training Program on the PSAP’s behalf. I further agree to limit the instruction to include only that which pertains to the State 911 training and testing guidelines.
4. I will designate time, as necessary, for the purpose of preparing to instruct the in-house portion of the virtual NG9-1-1 New Hire Equipment Training Program, as designed by the State 911 Department.
5. I will designate time, as necessary, for the purpose of preparing and understanding virtual Massachusetts Public Safety Telecommunicator course, affiliated with APCO, so that I can proctor the written exam for new/prospective persons.
6. I agree to keep all tests and practical exams confidential and secured at all times, in respect for and to uphold the integrity of the State 911 Department and its training programs.
7. I will complete all necessary paperwork and exams associated with the Training Program within two days of the completion of the course(s).
8. I will submit class paperwork and exams to the State 911 Department within two days of the testing date for processing by the Programs Coordinators.
9. I will participate in discussions conducted by the State 911 Department for the training curriculum, as requested.
10. I will not photocopy, reproduce or distribute any materials without the permission of the State 911 Department.
11. I understand that failure to follow policies set forth by the State 911 Department, for training PSAP personnel in-house, will result in my designation as a PSAP In-house Trainer to be revoked.
12. I understand that any students who receive certification though my instruction may also have their certification revoked should my designation as a PSAP In-house Trainer be revoked for a violation of the State 911 Department’s guidelines.

Signature of designated PSAP In-House Trainer Date PSAP/Agency Name

Printed name of designated PSAP In-House Trainer Email Address