



UNITED STATES POWER SQUADRONS®

Educational Department

APPLICATION FOR INSTRUCTOR **RECERTIFICATION**

Applications for Instructor **recertification** on the basis of successful completion of the recertification seminar must be approved by the District Educational Officer before submittal to Headquarters. Type or print the information below and send two copies to the DEO. SEOs should keep a third copy for their own files.

Use this form only for members who currently are Certified Instructors or whose certification has recently expired.

For initial certification, use form found at www.usps.org/national/eddept/id/idcert.htm

As administrator of the Instructor Recertification Seminar held on _____, I certify that the members listed below have successfully completed the Seminar and are eligible for renewal of their four-year instructor certification as stated in the USPS Educational Policy for Instructor Certification.

Members applying for four-year recertification upon completion of the Instructor Recertification Seminar:

| Cert # | Name | Squadron | Cert # | Name | Squadron |
|--------|------|----------|--------|------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

APPROVALS: I have verified the individuals listed above are eligible for recertification. (use SEO/DEO Tools)

Squadron Educational Officer: _____ Date: _____

District Educational Officer: _____ Date: _____