

Certified Protection Officer Instructor (CPOI)

Enrollment and Order Form

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As the IFPO program, the Certified Protection Officer (CPO), gains momentum and is rapidly becoming the **MOST** industry recognized certification, so does the need to recognize the individuals behind the instruction and delivery of the program. More and more security program instructors, educators, as well as administrators are seeking recognition and tangible proof of their efforts in bringing professional development programs to career security officers.

IFPO, upon recent demand, has created a method in which quality recognition and reward may be granted to those committed professionals, hence the **Certified Protection Officer Instructor (CPOI)** has recently been formulated.

Applicants for the CPOI must meet the following prerequisites to apply:

- Five years teaching experience or equivalent
- Three years security experience or equivalent
- Post Secondary Education / Specialized Training
- Completed the Certified Officer Program
- Member of the IFPO
- Completion of comprehensive CPOI application

Successful CPOI's would receive the following:

- Certificate
- Certification ID Card
- Exclusive listing at our IFPO Website
- Wall Plaque (at an additional cost)

The Certification Committee will review each application for final granting of certification. The certification fee for this program is \$200.00. A 10% discount is available for group registrations of five or more and IFPO Associate Members. IFPO Corporate Members are entitled to a 15% discount.

PERSONAL INFORMATION:

NAME: _____

[As you would like it to appear on the Certificate—PLEASE PRINT CLEARLY]

Membership #: _____ CPO #: _____

MAILING ADDRESS: Residence _____ Business _____

STREET: _____

CITY/TOWN: _____

STATE/PROV.: _____ ZIP CODE: _____

COUNTRY: _____ E-MAIL ADDRESS: _____

PHONE: work _____ home _____

PAYMENT METHOD: Check / Invoice / Visa / Master Card / American Express / Discover
[Circle Method]

Card Number: _____ Expiry Date: _____

Authorized Signature: _____ Date: _____

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FIVE YEARS TEACHING EXPERIENCE or EQUIVALENT:

1	FROM	-	TO	COMPANY/BUSINESS NAME:
	ADDRESS:			
	TELEPHONE:			
SUPERVISOR:				

2	FROM	-	TO	COMPANY/BUSINESS NAME:
	ADDRESS:			
	TELEPHONE:			
SUPERVISOR:				

3	FROM	-	TO	COMPANY/BUSINESS NAME:
	ADDRESS:			
	TELEPHONE:			
SUPERVISOR:				

4	FROM	-	TO	COMPANY/BUSINESS NAME:
	ADDRESS:			
	TELEPHONE:			
SUPERVISOR:				

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TEACHING EXPERIENCE continued

5	FROM	-	TO	COMPANY/BUSINESS NAME:
	ADDRESS:			
	TELEPHONE:			
	SUPERVISOR:			

THREE YEARS SECURITY EXPERIENCE or EQUIVALENT:

1	FROM	-	TO	COMPANY/BUSINESS NAME:
	ADDRESS:			
	TELEPHONE:			
	SUPERVISOR:			

2	FROM	-	TO	COMPANY/BUSINESS NAME:
	ADDRESS:			
	TELEPHONE:			
	SUPERVISOR:			

3	FROM	-	TO	COMPANY/BUSINESS NAME:
	ADDRESS:			
	TELEPHONE:			
	SUPERVISOR:			

