



Your Partner in PUBLIC SAFETY

Certification Program Service Request

Complete this form to request a new certification program or to request major modifications of an existing program.

The form must be submitted to the IMSA Certification Manager Richard Porter
rporter@imsasafety.org

DATE: _____

Requested by: _____

Phone: _____

Email Address: _____

NATURE OF REQUEST: (If more space is needed, use a separate sheet) Provide detailed information describing the content of a new program or state specific modifications requested to existing programs.

New Program Title:

New Program Description (Use a separate sheet if necessary):

Existing Program Title: _____

Existing Program Modification Detail (Use a separate sheet if necessary).

Requestor Signature: _____

Date: _____

Speciality Chair Approval: _____

Date: _____

EAC Approval: _____

Date: _____

IMSA Board Approval: _____

Date: _____

IMSA Educational Foundation Approval: _____

Date: _____