



IOWA DEPARTMENT OF PUBLIC SAFETY

EDUCATOR PROFESSIONAL PERMIT

COURSE APPROVAL APPLICATION

CURRICULUM NAME: _____

ORGANIZATION NAME *(if applicable)*: _____

PRIMARY CONTACT: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SECONDARY CONTACT *(if applicable)*: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Are you subject to any State of Iowa or Federal prohibitions that would prevent you from lawfully possessing a firearm? YES NO

Select type of course and provide course title: (Select all that apply)

- Legal Training Legal Course Title: _____
- Medical Training Medical Course Title: _____
- Communication Training Communication Course Title: _____
- Live Scenario Training Live Scenario Course Title: _____
- Firearms Training - Initial Firearms Course Title: _____

Please attach resume for primary contact.

If your application is approved, you will be notified within 30 days at the email address provided.

Incomplete applications will be returned.

Admin Purposes Only:

LEG _____ MED _____ COMM _____ SCEN _____ FIRE _____