



# IOWA DEPARTMENT OF PUBLIC SAFETY

## EDUCATOR PROFESSIONAL PERMIT

### COURSE APPROVAL APPLICATION

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                      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 \_\_\_\_\_