Florida Cross Training Application
200 Hour Program

Please complete and return to Classes@ibcode.net
(843) 747-3575

Name (print) _____ Date_____

BCAIB Licenses Held _____ Number _____
NOTE: copy of licenses must be attached to application

Program Applying For: _____

Jurisdiction/ Company_____

Mailing Address _____

City _____ State_____ Zip _____

Office Phone _____ Cell _____

Email _____

Classroom
➢ 128 Hours Self-Paced Online Course

On The Job Training
➢ 72+ OJT must be completed and documented to complete the program
➢ OJT submission form is at www.ibcode.com
➢ I understand that I have up to 3 years to complete
➢ I agree to submit OJT instructor applications and copies of their licenses for approval before starting OJT

_____
Applicant Signature

_____
Supervisors Name (print)   *Signature*   *Position*