New Jersey Department of Health Office of Emergency Medical Services (OEMS)

PO Box 360, Trenton, NJ 08625-0360

EMERGENCY MEDICAL TECHNICIAN (EMT) TRAINING FUND CERTIFICATE OF ELIGIBILITY FOR EMT EDUCATION

(Must be typed)

Name of student: First	Last	MI
Student EMS ID Number:		
Student Address:		County:
Student City:	State:	Zip Code:
Name of Eligible Volunteer EMS Agency	y:	
Course Sponsor:		
Course Start Date:	Course End Date:	
Course Title:		
New Jersey Course Approval Number:		
rescuer by a vendor ap b. Is a member in good sta c. Has NOT attempted mon d. Has NOT used the EMT 3. The EMT listed above is a memb	meets the following criteria: PR course completion docur proved by OEMS. Inding of the "Eligible Volunt re than one Initial EMT Education oer of a volunteer ambulance	mentation to the level of professional eer EMS Agency" listed above. cation Program this calendar year. n, more than twice since July 1, 2012.
Verified by:		
Name of Principal Officer (typed): First	Last	
Title:		
Principal Officer's Telephone Number: _		
Principal Officer's Email Address:		
Signature of Principal Officer:		

- NOTICE: It is a crime for any person to knowingly or willfully provide false information on this application, or to make deliberately misleading statements regarding the eligibility of applicants. [N.J.S.A. 2C:21-4(s)].
- I understand there is a best practices guideline that the Department has published for student selection and our organization has considered the suggestions.
- The principal officer is not the student.
- I understand that the principal officer's signature must be the original wet signature (blue ink highly recommended). Copies, stamps, scans, or electronic signatures will **NOT** be accepted.