

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

EMT TRAINING FUND
CERTIFICATE OF ELIGIBILITY FOR EMT EDUCATION

(Please type or print legibly.)

Name of Student: _____

EMS ID Number: _____

Name of Eligible Volunteer EMS Agency: _____

Student Address: _____ County: _____

City: _____ State: _____ Zip: _____

Course Sponsor: _____

Course Start Date: _____ Course Number: _____

Course Title: _____

The undersigned verifies that:

1. All of the information above is true and accurate.
2. The EMT candidate listed above meets the following criteria:
 - a. Possession of valid CPR course completion documentation to the level of professional rescuer by a vendor approved by OEMS.
 - b. Is a member in good standing of the "Eligible Volunteer EMS Agency" listed above.
 - c. Has **NOT** attempted more than one Initial EMT education program this calendar year.
 - d. Has **NOT** used the EMTTF, for initial EMT education, more than twice since July 1, 2012.

Verified by:

Name of Principal Officer (Print): _____

Title: _____

Contact/Telephone Number: _____

Email Address: _____

Signature of Principal Officer: _____ Date: _____

- 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 before issuing this Certificate of Eligibility.