

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 EMITTF, 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.