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 Ag	_{ency:} Kendall Park FAS	
Course Sponsor: Less Stress Ins		
Course Start Date: 10/13/2019	Course	End Date: 10/13/2019
Course Title: EMT REFRESHER	₹C	
New Jersey Course Approval Numb	_{oer:} 136033	
rescuer by a vendo b. Is a member in good c. Has NOT attempted d. Has NOT used the E 3. The EMT listed above is a m	ove meets the following criteria d CPR course completion docu or approved by OEMS. It standing of the "Eligible Volun" more than one Initial EMT Educationember of a volunteer ambulance	: mentation to the level of professional teer EMS Agency" listed above. cation Program this calendar year. n, more than twice since July 1, 2012 ce, first aid or rescue squad and is accordance with N.J.A.C. 8:40A.
Verified by:		
Name of Principal Officer (typed): Fin	st Raymond Last	Weis
Title: President		
Principal Officer's Telephone Number	er: (732) 803-0027	
Principal Officer's Email Address: <u>p</u>	resident@kpfars.org	
Signature of Principal Officer:		
NOTIOE: It is a suite of far and		

- 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.