

**New Jersey Department of Health  
Office of Emergency Medical Services  
P. O. Box 360  
Trenton, NJ 08625-0360**

**EMT-BASIC INSTRUCTOR ENDORSEMENT-RENEWAL**

|  |                       |   |              |
|--|-----------------------|---|--------------|
| Name   |                       | ID Number   |              |
| Mailing Address <i>(Required for OEMS use only. Must be a physical address; no PO Box or Mail Stop numbers accepted.)</i>  |                       | Public Address <i>(Optional - the Department will provide this address for requests of government records.)</i> |              |
| EMT Program  |                       | Recertification Date  |              |
| <b>Part I – Basic Course Hours</b>   |                       |   |              |
| <b>Program Number</b>  | <b>Dates/Semester</b> | <b>Location</b>   | <b>Hours</b> |
|  |                       |   |              |
|  |                       |   |              |
|  |                       |   |              |
|  |                       |   |              |
|  |                       |   |              |
| <b>Total Basic Course Hours (minimum 100 hours):</b>   |                       |   |              |
| <b>Part II – Continuing Education Hours</b>  |                       |   |              |
| <b>Date</b>  | <b>Course Number</b>  | <b>Title</b>  | <b>Hours</b> |
|  |                       |   |              |
|  |                       |   |              |
|  |                       |   |              |
|  |                       |   |              |
|  |                       |   |              |
| <b>Total Continuing Education Hours (minimum 15 hours):</b>  |                       |   |              |
| <b>Part III – Certification Action and Criminal Statement</b>  |                       |   |              |
| <p>Have you ever been charged, convicted, placed on probation, entered into a pre-trial intervention (PTI) program or entered into a plea bargain in connection with a violation of law under the laws of any state, the federal government, or any other jurisdiction, other than a minor traffic violation? ..... <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Have you ever been subjected to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrender a health care licensure in any state or to an agency authorizing the legal right to work? ..... <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If you answered "yes" to the above question, you must provide official documentation that fully describes the offense, current status, and disposition of the case.</p> <p><b>I hereby affirm that the above statements and information is true and correct, including the completion of the continuing education hours for this certification period, and that I am eligible for recertification.</b></p> |                       |   |              |
| Signature of Provider  |                       | Date  |              |
| <b>Part IV – Program Endorsement/Clinical Competency</b>   |                       |   |              |
| I certify that the above named EMT Instructor has demonstrated clinical competency as an Instructor, is active with this Training Site, and has met all requirements of N.J.A.C. 8:40A regarding EMT-Basic Instructor Certification.   |                       |   |              |
| Name of Coordinator <i>(Print)</i>   |                       | Signature of Coordinator  | Date         |

**RECERTIFICATION FORMS ARE DUE TO OEMS BY THE 30<sup>TH</sup> OF THE MONTH PRECEDING THE EXPIRATION DATE.**