

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

EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAMS

**CERTIFICATE OF ELIGIBILITY FOR THE
NEW JERSEY STATE CERTIFICATION EXAMINATION**

This is to verify that

(Name of Candidate)

has attended and successfully completed the New Jersey Department of Health approved basic training program for emergency medical technicians, in accordance with the standards established by N.J.A.C. 8:40A. Additionally, the undersigned coordinator verifies that:

1. The candidate has attended each required session, as indicated on the course application. Attendance was either at this course site, or was made up within six months of the scheduled end of the course, in accordance with N.J.A.C. 8:40A-6.8;
2. The candidate has successfully completed the required 10-hour emergency department experience, in accordance with N.J.A.C. 8:40A-6.4(e);
3. The candidate has a valid CPR certification, in accordance with N.J.A.C. 8:40A-6.7(a)3; and
4. The candidate has successfully completed an end-of-course evaluation of practical skills to the standards established in Appendix E of N.J.A.C. 8:40A.

Student's SSN/ID Number: _____ Course Number: _____

Verified By:

Signature of Program Coordinator: _____

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:21-1, et seq.)*

*Distribution: Original-NJDOH (with student to test site)
Copy - Student copy
Copy - Program Coordinator*