

**STATE OF NEW JERSEY
OFFICE OF EMERGENCY TELECOMMUNICATIONS SERVICES
EMERGENCY MEDICAL DISPATCH INSTRUCTOR
RECERTIFICATION APPLICATION**

(ALL INFORMATION MUST BE TYPED OR CLEARLY PRINTED)

APPLICATION DATE: _____

RECERTIFICATION APPLICATION SUBMITTED BY:

☺ EMD Agency ☺ EMD Instructor ☺ Other _____

APPLICANT INFORMATION:

Name: _____

SS # (Last 4-Digits):

Address Questions and Forward Correspondence to:

Name: _____

Address: _____

Phone: _____ Fax: _____

REQUIRED DOCUMENTATION (attach photocopies):

- ☺ Current CPR Card
- ☺ Proof of continued certification in medical profession (EMT, Paramedic, etc.)
- ☺ Listing of EMD courses instructed during recertification period (list course numbers)
- ☺ EMD Certification Record and Tracking Form (with proofs of completion attached)

*******OETS USE ONLY*******

- ☺ Recertification Approved
- ☺ Recertification Approval Denied Pending:
 - ☺ Documentation of _____
 - ☺ Completion of _____ hours CTE
- ☺ Recertification Denied Due to: _____

NOTICE OF RECERTIFICATION DETERMINATION SENT TO:

☺ EMD ☺ AGENCY ☺ OTHER _____