

**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**

(This form must be typed)

SECTION I - EMT Student/Candidate Information			
Last Name:	First Name:	MI:	Date of Birth:
Email Address:		New Jersey Six Digit EMS ID	
Home Phone Number:		Mobile Phone Number:	
Residential Address:			
City:	State:	Zip Code:	
Mailing Address (If Different):			
City:	State:	Zip Code:	

SECTION II - Course Information		
Name of Training Agency or EMT-Instructor Providing the Education:		
Course Title:		
New Jersey EMS Class Approval Number:	Class Start Date:	Class End Date:

SECTION III - Ambulance, First Aid, and Rescue Squad Information		
Name of EMS Agency:		
EMS Agency General Phone Number:	EMS Agency General Email Address:	
EMS Agency Physical Address:		
City:	State:	Zip Code:
EMS Agency Mailing Address (If Different):		
City:	State:	Zip Code:
Head/Chief Officer First Name:	Head/Chief Officer Last Name:	
Head/Chief Officer Phone Number:	Head/Chief Officer Email Address:	

SECTION IV - Attestation

The undersigned verifies and understands that:

1. All the information above is true and accurate.
2. The EMT student/candidate is a member of the Ambulance, First Aid or Rescue Squad as listed above and meets the following criteria as a member, in accordance with P.L. 2024, c. 68 (N.J.S.A. 26:2K-57):
 - a. Is in good standing, in accordance with the policy of the agency listed above;
 - b. Does **NOT** receive any monetary compensation in the form of an hourly wage, a salary, or ANY other form of financial remuneration provided for or in connection with the provision of basic life support services;
 - c. Is **NOT** employed full-time by a general or special hospital licensed pursuant to N.J.S.A. 26:2H-1 et seq. as an emergency medical technician (EMT);
 - d. Has **NOT** attempted more than one Initial EMT Education Program this calendar year that qualified for reimbursement from the EMT Training Fund;
 - e. Has **NOT** used the EMT Training Fund for Initial EMT Education, more than twice since July 1, 2012;
 - f. Has **NOT** used the EMT Training Fund for EMT Refresher education more than once per refresher, per credential cycle; and
 - g. Has worked at least one service call per month, during the initial three-year certification period as a volunteer emergency medical technician;
3. The head of the ambulance, first aid, or rescue squad shall seek reimbursement from the student/EMT candidate, if the student/EMT candidate ceases to be a volunteer in good standing, for monies paid out of the fund in connection with that student/EMT's training, testing, certification, or recertification, as appropriate, in connection with the initial three-year certification period in which the student/EMT ceased to be a volunteer in good standing;
4. 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);
5. The head/Chief Officer is not the EMT Student/Candidate; and
6. The EMS agency listed above currently provides Basic Life Support (BLS) services in New Jersey and is capable of transporting patients to an acute care hospital by ambulance.

All signatures must be digital

Head/Chief Officer (Signature)	Head/Chief Officer (Printed)	Date:
EMT Student/Candidate (Signature):	EMT Student/Candidate (Printed):	Date:
If EMT Student/Candidate is under 18 a Parent/Guardian must sign:		
Parent/Guardian (Signature):	Parent/Guardian (Printed):	Date:

Once this form is completed in its entirety, please submit it directly to the training agency or instructor responsible for providing the education.

For any questions related to the EMT Training Fund, please contact the Office of Emergency Medical Services by email at ems@doh.nj.gov or by telephone at (609) 633-7777.

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)].