###  STATE OF NEW JERSEY

**PUBLIC SAFETY TELECOMMUNICATOR TRAINING**

**EMD CLASS REGISTRATION FORM**

**DATE:** Click here to enter a date.

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| **SELECT TYPE OF EMD COURSE** |[ ] [ ]
|  | **FULL 32 HR** | **RECERT 24 HR** |

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| ENTER LAST NAME, FIRST NAME, MI. |
| **NAME OF LEAD INSTRUCTOR** |
| ENTER RANK OR TITLE | Date | **LAST 4 ONLY.** |
| RANK/POSITION/TITLE | INSTR CERT DATE | **SSN (LAST 4)** |
| ENTER NAME OF AGENCY SPONSORING CLASS. |
| SPONSORING AGENCY |
| ENTER STREET ADDRESS, MUNICIPALITY, STATE, ZIP. |
| AGENCY ADDRESS |
| ENTER NAME OF COUNTY. | PHONE NUMBER. |
| COUNTY | AGENCY PHONE NUMBER |
| ENTER INSTRUCTOR’S E-MAIL ADDRESS, (MAY ENTER MORE THAN 1). |
| E-MAIL ADDRESS |

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| ENTER NAME OF INSTRUCTOR (LAST, FIRST, MI). |
| ENTER NAME OF INSTRUCTOR (LAST, FIRST, MI). |
| ENTER NAME OF INSTRUCTOR (LAST, FIRST, MI). |
| LIST NAMES OF ADDITIONAL INSTRUCTORS |

#### CLASS INFORMATION

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| FIRST DAY OF CLASS. | LAST DAY OF CLASS | ENTER NUMBER OF STUDENTS IN CLASS |
| CLASS BEGINS | **CLASS ENDS** |  **NUMBER OF STUDENTS** |
| NAME OF FACILITY,ADDRESS, MUNICIPALITY, STATE AND ZIP |
| **CLASS LOCATION** |
| PHONE NUMBER OF FACILITY | COST PER STUDENT | YES [ ]  NO [x]  |
| **CONTACT PHONE NUMBER** |  COURSE FEE | OPEN TO OUTSIDE STUDENTS  |
| LIST MATERIALS NEEDED FROM OETS. | PICK-UP [ ]  MAIL[x]  |
| MATERIALS NEEDED FROM OETS | **DELIVERY** |
| ANY ADDITIONAL INFORMATION  |
| SPECIAL INSTRUCTIONS |

**OETS ASSIGNED COURSE NUMBER**

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