### 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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | |
| **CONTACT PHONE NUMBER** | | COURSE FEE | | OPEN TO OUTSIDE STUDENTS | |
| LIST MATERIALS NEEDED FROM OETS. | | | | | PICK-UP  MAIL |
| MATERIALS NEEDED FROM OETS | | | | | **DELIVERY** |
| ANY ADDITIONAL INFORMATION | | | | | |
| SPECIAL INSTRUCTIONS | | | | | |

**OETS ASSIGNED COURSE NUMBER**

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