New Jersey/New York Hazardous Materials Worker Training Center
Course Report Form
Please Print CLEARLY

Course Number: _____ Course Start Date: _____

Course Location (City, State): _____

Number of Students: _____

Number of Forms Enclosed

Registration: _____ Evaluation: _____ Exams: _____

Other: _____ Describe: _____

Other: _____ Describe: _____

Please check the appropriate box.

Training Organization:

☐ NJ State Police

Program:

☐ HWWT

Forms submitted by:

Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

e-mail _____

FORMS MUST BE SUBMITTED TO UMDNJ-SCHOOL OF PUBLIC HEALTH WITHIN TWO WEEKS OF COURSE COMPLETION

Send forms to Mehul A. Patel
UMDNJ-School of Public Health
683 Hoes Lane West
PO Box 9
Piscataway, NJ 08854
(732) 235-9516