

**STATE OF NEW JERSEY
NHTSA-EMD TRAINING PROGRAM
EMD STUDENT REGISTRATION FORM**



COURSE NUMBER

NAME OF STUDENT (LAST, FIRST, MIDDLE INITIAL)

FIRST EMD CERTIFICATION || I HAVE A PRIOR EMD CERTIFICATION ||

PRIOR CERTIFICATION UNDER A DIFFERENT NAME

SSN

RANK/POSITION/TITLE

SPONSORING AGENCY

AGENCY ADDRESS

ENTER AGENCY PHONE NUMBER

COUNTY

STUDENT HOME ADDRESS (OPTIONAL)

**STUDENT COURSE PRE-REQUISITE DOCUMENTATION AND RECORD OF ATTENDANCE
(TO BE COMPLETED BY LEAD INSTRUCTOR)**

PRE-REQUISITE DOCUMENTATION MUST BE PROVIDED PRIOR TO A CERTIFICATION BEING ISSUED			
	YES	NO	
CURRENT CPR CERTIFICATION (COPY ATTACHED)			
BASIC TELECOMMUNICATOR TRAINING CERTIFICATION (COPY ATTACHED)			

NOTE: If student recently completed Telecommunicator Training and is awaiting certification, indicate the course number of that basic course.

EMERGENCY MEDICAL DISPATCH TRAINING COURSE								LEAD INSTRUCTOR'S NAME
MODULE #1			MODULE #2			MODULE #3		
UNIT I	UNIT II	UNIT III	UNIT I	UNIT II	UNIT III	UNIT I	UNIT II	

(INITIAL COMPLETED UNITS, PLACE X IN INCOMPLETE UNITS)