

**STATE OF NEW JERSEY
OFFICE OF EMERGENCY TELECOMMUNICATIONS SERVICES
EMERGENCY MEDICAL DISPATCH INSTRUCTOR
RECERTIFICATION APPLICATION**

(ALL INFORMATION MUST BE TYPED OR CLEARLY PRINTED)

APPLICATION DATE:

RECERTIFICATION APPLICATION SUBMITTED BY:

EMD Agency

EMD Instructor

Other

APPLICANT INFORMATION:

Name:

SS # (Last 4-Digits):

Address Questions and Forward Correspondence to:

Name: (First, Middle, Last)

Address:

E-Mail

Phone:

Fax

REQUIRED DOCUMENTATION (attach photocopies):

- ⊘ Current CPR Card
- ⊘ Proof of continued certification in medical profession (EMT, Paramedic, etc.)
- ⊘ Listing of EMD courses instructed during recertification period (list course numbers)
- ⊘ EMD Certification Record and Tracking Form (with proofs of completion attached)

*****OETS USE ONLY*****

- ⊘ Recertification Approved
- ⊘ Recertification Approval Denied Pending:
 - ⊘ Documentation of
 - ⊘ Completion of _____ hours CTE
- ⊘ Recertification Denied Due to:

NOTICE OF RECERTIFICATION DETERMINATION SENT TO:

EMD

AGENCY

OTHER