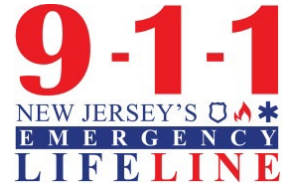


**STATE OF NEW JERSEY
NHTSA-EMD TRAINING PROGRAM INSTRUCTOR
CANDIDATE REGISTRATION FORM**



Date :

POLICY 3.2-I.C.1, C.2 and C.3 regarding the three levels of EMD INSTRUCTORS

Note: an EMD Instructor is a person certified by OETS or an approved training vendor through successful completion of an EMD Instructor Course utilizing the National Highway Traffic Safety Administration Emergency Medical Dispatch National Standard Curriculum. Here are the three levels of **NJ EMD Instructor**:

- 1) **Level A** is able to present any portion of the EMD Curriculum. In order to be certified as a Level A instructor, the candidate must have:
 - a. EMD Instructor Certification which is current and in good standing.
 - b. EMT, Paramedic, or higher level critical-care medical training, skills and experiences with current certification in the profession.
 - c. Thorough knowledge and experience in emergency medical dispatching and public safety communications.

- 2) **Level B** is able to present the medical components of the course and assist a Level A or Level C instructor in presentation of the medical components of the course. In order to be certified as a Level B instructor, the candidate must have:
 - a. Instructor Certification which is current and in good standing.
 - b. EMT, Paramedic, or higher level critical-care medical training, skills, and experiences with current certification in the profession.

- 3) **Level C** is able to present the communications components of the course material and assist a Level A or Level B instructor in presentation of the public safety communications components of the course. In order to be certified as a Level C instructor, the candidate must have:
 - a. EMD Instructor Certification which is current and in good standing.
 - b. EMD Certification with training, skills and experience in that field.
 - c. Thorough knowledge and experience in emergency medical dispatching and public safety communications experience in a PSAP or PSDP.

SELECT THE EMD INSTRUCTOR LEVEL YOU'RE APPLYING FOR:

LEVEL A LEVEL B LEVEL C

APPLICANT INFORMATION

NAME (Last Name, First Name, MI.)

RANK/POSITION/TITLE

SSN# (LAST 4)

NAME OF AGENCY

AGENCY ADDRESS – Street Address, Town/City, State, Zip

COUNTY

AGENCY PHONE #

HOME ADDRESS (Optional) Street Address, Town/City, State, Zip

APPLICANT’S E-MAIL ADDRESS (May Enter More Than One)

DOCUMENTATION MUST BE PROVIDED PRIOR TO A NJ CERTIFICATION BEING ISSUED

	YES	NO		YES	NO
BASIC 9-1-1 CERTIFICATION			MEDICAL CREDENTIALS		
EMD CERTIFICATION			PRIOR INSTRUCTOR CERTIFICATIONS		
CURRENT CPR CERTIFICATION			HAVE YOU PROVIDED INSTRUCTIONS?		

COMMUNICATIONS AFFILIATION

HAVE YOU EVER WORKED IN A PSAP/PSDP? YES NO IF YES, Complete Section Below

Experience: (For Levels A and C)

<u>Agency</u>	<u>Position</u>	<u>Start Date</u>	<u>End Date</u>
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**** FOR OETS USE ONLY ****

OETS INSTRUCTOR ID

LEVEL

CERTIFICATION NUMBER