

**New Jersey Department of Health
Office of Emergency Medical Services
P. O. Box 360
Trenton, NJ 08625-0360**

**APPLICATION FOR CERTIFICATION AS AN
EMERGENCY MEDICAL TECHNICIAN-BASIC INSTRUCTOR**

DEMOGRAPHICS			
Name		Social Security Number	
Mailing Address <i>(Required for OEMS Use Only. Must be a physical address; no PO Box or Mail Stop numbers accepted.)</i>		Date of Birth	
		Home Telephone Number	
City	State	Zip Code	
Public Address <i>(Optional - the Department will provide this address for requests of government records.)</i>		Work Telephone Number	
		Cell Phone Number	
City	State	Zip Code	
		Email Address	
AFFILIATION			
EMT Course Affiliation			
Course Coordinator		Coordinator Contact Number	
Level of Certification		Certification Number	
EXPERIENCE			
Years Certified	Years EMS Experience	Total Teaching Time as Aide	Total Teaching Hours
EDUCATIONAL BACKGROUND			
School	Dates	Graduated	Major
High School			
College			
Graduate			
Other			

I verify that all of the above information and attached supporting documentation is correct and factual. I understand that any discrepancies may be cause for disqualification from the EMT Instructor candidate screening process.

Signature	Date
-----------	------

NOTE: Please include a copy of your resume, coordinator letter of recommendation, and two additional letters of recommendation with this application.