

New Jersey Department of Health  
Office of Emergency Medical Services

**EMT TRAINING FUND**  
**CERTIFICATE OF ELIGIBILITY FOR CONTINUING EDUCATION COURSES**

Name of Student: \_\_\_\_\_

Volunteer EMS Agency: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course Sponsor: **S. Carol White EMS Academy** \_\_\_\_\_

ID Number: \_\_\_\_\_ Course Start Date: \_\_\_\_\_

The undersigned verifies that:

1. All of the information above is true and accurate.
2. The EMT listed above is a member or a prospective member of a volunteer ambulance, first aid or rescue squad and is eligible for reimbursement of EMT training expenses in accordance with N.J.A.C. 8:40A.
3. All monies paid for training will ONLY be made to the CEU course sponsor.

Verified by:

Name of Principal Officer (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Contact/Telephone Number: \_\_\_\_\_

Signature of Principal Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE:** It is a crime for any person knowingly or willfully to provide false information on this application, or make deliberately misleading statements regarding the eligibility of applicants [N.J.S.A. 2C:21-4(s)].