

**New Jersey Department of Health and Senior Service  
Office of Emergency Medical Services**

**EMT Training Fund Certificate of Eligibility**

Student's Name: \_\_\_\_\_ Volunteer EMS Agency: \_\_\_\_\_

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

\_\_\_\_\_ Course Site: \_\_\_\_\_

I.D. 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 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.

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_  
(Principal Officer's Signature)

Principal Officer's Name (PRINTED): \_\_\_\_\_

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