

**PUBLIC SAFETY TRAINING INSTITUTE
EMD STUDENT REGISTRATION FORM**

**MAKE CHECK PAYABLE TO:
PUBLIC SAFETY TRAINING INSTITUTE
233 ROCK ROAD, GLEN ROCK, NJ 07452**



**MONMOUTH COUNTY SHERIFF'S OFFICE
MCSO FORM**

ENTER NAME OF STUDENT: LAST NAME, FIRST NAME, MIDDLE INITIAL BELOW:

ENTER SSN

ENTER EMAIL ADDRESS BELOW: (LAST 4) BELOW

ENTER CELL PHONE BELOW:

Blank space for student information.

ENTER STUDENT HOME ADDRESS, MUNICIPALITY, STATE AND ZIP BELOW:

Blank space for student home address.

**STUDENT COURSE PRE-REQUISITE DOCUMENTATION AND RECORD OF ATTENDANCE
(TO BE COMPLETED BY LEAD INSTRUCTOR)**

PRE-REQUISITE DOCUMENTATION MUST BE PROVIDED PRIOR TO A CERTIFICATION BEING ISSUED			
	YES	NO	
CURRENT CPR CERTIFICATION (COPY ATTACHED)	<input type="checkbox"/>	<input type="checkbox"/>	IF NO, EXPLAIN
BASIC TELECOMMUNICATOR TRAINING CERTIFICATION (COPY ATTACHED)	<input type="checkbox"/>	<input type="checkbox"/>	ENTER COURSE NUMBER

NOTE: If student recently completed Telecommunicator Training and is awaiting certification, indicate the course number of that basic course.

EMERGENCY MEDICAL DISPATCH TRAINING COURSE								LEAD INSTRUCTOR'S NAME NAME OF LEAD INSTRUCTOR
MODULE #1			MODULE #2			MODULE #3		
UNIT I	UNIT II	UNIT III	UNIT I	UNIT II	UNIT III	UNIT I	UNIT II	
I	I	I	I	I	I	I	I	

(INITIAL COMPLETED UNITS, PLACE X IN INCOMPLETE UNITS)