

# PUBLIC SAFETY TRAINING INSTITUTE EMD STUDENT REGISTRATION FORM



**PUBLIC SAFETY**  
TRAINING INSTITUTE, LLC

## COURSE DATES:

September 27<sup>TH</sup> 2021 – September 30<sup>TH</sup> 2021

911 RECRUITMENT EMD FORM

MONMOUTH COUNTY SHERIFF'S OFFICE

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

ENTER SSN

ENTER EMAIL ADDRESS BELOW:

(LAST 4) ABOVE

ENTER CELL PHONE BELOW:

ENTER HOME ADDRESS, MUNICIPALITY, STATE AND ZIP BELOW:

### 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

### EMERGENCY MEDICAL DISPATCH TRAINING COURSE

MODULE #1			MODULE #2			MODULE #3		LEAD INSTRUCTOR'S NAME  NAME OF LEAD INSTRUCTOR
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)