

# PUBLIC SAFETY TRAINING INSTITUTE BASIC 911 REGISTRATION FORM



**PUBLIC SAFETY**  
TRAINING INSTITUTE, LLC

## COURSE DATES:

October 18, 2021 - October 22, 2021

911 RECRUITMENT FAIR

MONMOUTH COUNTY SHERIFF'S OFFICE

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

ENTER SSN

ENTER EMAIL ADDRESS BELOW:

(LAST 4) ABOVE

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<br><br>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)