



# STATE OF NEW JERSEY OFFICE OF EMERGENCY MANAGEMENT GENERAL ADMISSION APPLICATION



**THIS FORM IS FOR STATE OF NEW JERSEY DELIVERY COURSES ONLY**

1. NAME: (LAST, FIRST, MI)	
2. EMAIL:	
3. PREFERRED PHONE NUMBER:	
4. MAILING ADDRESS (STREET, CITY/TOWN, ZIP, STATE)	
5. COURSE CODE AND TITLE:	
6. COURSE LOCATION:	
7. DATE(S) OF COURSE:	
8. NAME AND ADDRESS OF YOUR ORGANIZATION:	
9. POSITION / TITLE:	10. NJ EMT #:

**IF A PREREQUISITE IS REQUIRED FOR THE ABOVE COURSE, PLEASE SCAN AND ATTACH WITH YOUR COMPLETED APPLICATION!**

I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee of my organization. All requests for information shall be in writing from said chief or designee. Further, I understand the State of NJ is not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis. I agree to abide by the rules, policies, and regulations of the State of NJ and NJSP-OEM. Failure to do so will result in denial of student stipend, expulsion from the course, and possible barring from future courses.

**Equal Opportunity Statement**

The State of NJ and NJSP is an Equal Opportunity institution. We do not discriminate on the basis of age, gender, race, color, religious belief, national origin, or disability in their admissions and student-related procedures. Every effort will be made by NJ OEM to ensure equitable representation of minorities.

**Privacy Act Statement**

**General** – This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.) Section 552a, for individuals applying for training courses.

**Authority** – Title 15 U.S.C., Sections 2201 et. seq.; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 4121 et. seq.; Title 44 U.S.C., Section 3101; Executive Orders 12127, 12148, and 9397; Title VI of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973.

**Purposes** – To determine eligibility for participation in training courses.

**Uses** – Information may be released to: 1) NJSP staff to analyze application and enrollment patterns for specific courses, and to respond to student inquiries; 2) A physician to provide medical assistance to students who become ill or are injured during courses; 3) Sponsoring States, local officials, or State agencies to update/evaluate statistics of participants.

**Effects of Nondisclosure** – Personal information is provided on a voluntary basis. Failure to provide information on this form, however, may result in a delay in processing your application and/or certifying completion of the course.

**Approval For Attendance**

“By signing this application, I certify that my organization does not discriminate on the basis of age, gender, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees.”

11. Signature of Applicant:	12. Date:
13. Printed Name, Title, and Signature of Agency Supervisor:	

New Jersey State Police – OEM P.O. Box 7068, West Trenton, NJ 08628 EMAIL: <a href="mailto:fieldtrainingunit@njsp.org">fieldtrainingunit@njsp.org</a>   609-963-6962	<u>Application Disposition:</u> <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	<u>Reviewer Signature and Date:</u>
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