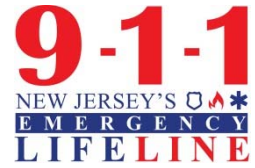


**STATE OF NEW JERSEY
NHTSA-EMD TRAINING PROGRAM
INSTRUCTOR CANDIDATE REGISTRATION FORM**



DATE:

NAME	
RANK/POSITION/TITLE	SSN (LAST 4)
AGENCY	
AGENCY ADDRESS	
COUNTY	AGENCY PHONE NUMBER
OPTIONAL/HOME ADDRESS, TOWN/CITY, STATE, ZIP	
E-MAIL ADDRESS	

DOCUMENTATION MUST BE PROVIDED PRIOR TO A NEW JERSEY CERTIFICATION BEING ISSUED

	YES	NO	
BASIC COMMUNICATIONS CERTIFICATION			
EMD CERTIFICATION			
CURRENT CPR CERTIFICATION			
MEDICAL CREDENTIAL			
COMMUNICATIONS AFFILIATION			
PRIOR INSTRUCTOR CERTIFICATIONS			

****** FOR OETS USE ONLY ******

OETS INSTRUCTOR ID	LEVEL	CERTIFICATION NUMBER