New Jersey Department of Health
Office of Emergency Medical Services

EMT COURSE SCHEDULE

EMT Training Fund reimbursement will not be afforded unless this schedule is completed in its entirety.

Program Sponsor	**Sponsor Contact** *First / Middle / Last*	**Sponsor Telephone #**	
Program Coordinator *First / Middle / Last*	**Coordinator Address**	**Coordinator City, State Zip Code**	
Coordinator EMS ID #	**Coordinator Telephone #**	**Coordinator Mobile #**	**Coordinator Email Address**
Lead Instructor *First / Middle / Last*	**Lead Instructor EMS ID #**	**Lead Instructor Telephone #**	
Lead Instructor Mobile #	**Lead Instructor Email Address**		
Medical Director *First / Middle / Last*	**Medical Director Address**	**Medical Director City, State Zip Code**	
Medical Director Telephone #	**Medical Director Mobile #**	**Medical Director Email Address**	
Course Location	**Class Type** **(Traditional or Hybrid)**	**Class Days/Time**	**Course Fee**

Course Session	Skills	Lecture	Date	Day	Lecturer/Instructor
1st Quarter					
1st Quarter Exam	**Cognitive & Psychomotor**				

Course Session	Skills	Lecture	Date	Day	Lecturer/Instructor
2nd Quarter					
2nd Quarter Exam	**Cognitive & Psychomotor**				

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Course Session	Skills	Lecture	Date	Day	Lecturer/Instructor
3rd Quarter					
3rd Quarter Exam	**Cognitive & Psychomotor**				

Course Session	Skills	Lecture	Date	Day	Lecturer/Instructor
4th Quarter					
4th Quarter Exam	**Cognitive & Psychomotor**				