



New Jersey Emergency Medical Services Educator Association

138 Buena Vista Ave
Hawthorne, NJ 07506
<http://www.NJEMSEA.org>

Application for Organizational Membership

Organizational Information

Organization Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Mobile Phone: _____

Email: _____

Name of Organization Representative: _____

Name of Sponsor Member: _____

Credential Information

Organization Type:

- Hospital Government – County Government – Municipal
 Private – For Profit Private – Non-Profit College/University
 Other: _____

Programs Offered: _____

Check then Circle All that Apply

<input type="checkbox"/> CPR/First Aid	ASHI	AHA	ARC	MFA	NSC	ECSI
<input type="checkbox"/> EMT-Basic Instructor	New Jersey		Other: _____			
<input type="checkbox"/> Trauma Management	ITLS	PHTLS		Other: _____		
<input type="checkbox"/> ACLS	AHA	ASHI	ACEP			
<input type="checkbox"/> PALS	AHA	ASHI	ACEP			
<input type="checkbox"/> Driving Courses	DDC 6/8	CEVO	EVOC			
<input type="checkbox"/> Special Population Programs	PEPP	GEMS	Other _____			
<input type="checkbox"/> Homeland Defense Programs	ICS	NIMS	HazMat	CBRNE		
<input type="checkbox"/> Other:	_____					

Does your organization have a physical presence (office, facility) in the State of New Jersey?
 Yes No

Do your organization provide EMS education in the State of New Jersey? Yes No

Does the organization offer sixteen or more hours per year of EMS programs in New Jersey?
 Yes No

Has the organizational representative ever had an instructional or clinical certification or license suspended, cancelled, revoked, or denied by any organization or by any State or jurisdiction?
If yes, please attach a letter with details about the situation. Yes No

Has the organizational representative you ever been convicted of a felony?
If yes, please attach a letter with details about the conviction. Yes No

Ethical Statement:

I have read the NJEMSEA code of professional conduct statement and agree to follow the guidelines contained therein. I agree to conduct all the programs offered through the applicant organization in a manner that is consistent with the professional and ethical guidelines of the NJEMSEA. I understand that violation of those guidelines is ground for suspension and/or loss of membership from the NJEMSEA.

Name (Print): _____

Signature: _____ Date: _____

Please mail the completed application along with a check or money order in the amount of \$200 payable to NJ Emergency Medical Services Educators Association to NJEMSEA, 138 Buena Vista Ave, Hawthorne, NJ 07506