



OEM COURSE APPLICATION

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX)		2. FEMA STUDENT IDENTIFICATION (SID) NUMBER	
3. MAILING ADDRESS (STREET, CITY OR TOWN, STATE, ZIP)		4. WORK PHONE	
		5. CELL PHONE	
		6. EMAIL	
7a. ENTER COURSE CODE AND TITLE	7b. COURSE LOCATION ESTA, Hillsborough, NJ	7c. DATE(s) of COURSE	

If a prerequisite is required for the above course, please scan and attach with your completed application.

8. NAME AND ADDRESS OF YOUR ORGANIZATION	9. CURRENT POSTION/TITLE

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 that 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 County of Somerset. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future courses.

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."

10. SIGNATURE OF APPLICANT	11. DATE
12. SIGNATURE OF AGENCY SUPERVISOR	13. PRINTED NAME AND TITLE

CEU CREDIT

NJ OEMS ID#	NJ DFS ID#	OTHER ID#
DISPOSITION ACCEPTED DECLINED	SIGNATURE OF REVIEWER	DATE