DIRECTIONS FOR COMPLETING TRAINING FUND FORM EMS62

There has been some questions and also some confusion about how to electronically sign the new EMT Training Fund for (EMS62).

Below are some short directions that I hope will assist you in completing the form. I have also attached a sample with the signatures completed in the format that DOH is requiring.

Download the form onto your computer

Right click on the file and select open with and choose adobe

Complete all the information on the form

To electronically sign the form:
Left Click in the Signature box that you want to sign in
You will be prompted on how to create a digital signature (If you do not already have one saved in your computer)
Once you enter the signature the computer should automatically save your form. If not, save the form. You will be able to email it to another person who may need to sign the form. They should follow the same directions to add their signature.

I have attached a copy of the form here with an example of what the signature should look like. This is the only type of signature tht the DOH will accept. DO NOT use DocuSign, DO NOT take a picture of your signature and insert it into the box. The forms will be rejected, and you may be liable to pay for the class yourself. Also, all sections of the form must be completed and typed in – NO handwritten information allowed.

Once the form is completely filled in and signed by the appropriate people you must email it to the training site or instructor not the DOH.

If you need a copy of adobe reader (FREE) follow this link and download the FREE program.

https://adobe.com/acrobat/pdf-reader

There is no need to purchase any programs or software to complete these forms.

Remember – you MUST download the form and open with adobe for this to work.

Also remember this is for any classes starting on or after August 1, 2025

Lastly if you save your signature on your computer – you will have it for the next form you need to complete.

SECTION IV - Attestation

The undersigned verifies and understands that:

1. All the information above is true and accurate.
2. The EMT student/candidate is a member of the Ambulance, First Aid or Rescue Squad as listed above and meets the following criteria as a member, in accordance with P.L. 2024, c. 68 (N.J.S.A. 26:2K-57):
   a. Is in good standing, in accordance with the policy of the agency listed above;
   b. Does **NOT** receive any monetary compensation in the form of an hourly wage, a salary, or ANY other form of financial remuneration provided for or in connection with the provision of basic life support services;
   c. Is **NOT** employed full-time by a general or special hospital licensed pursuant to N.J.S.A. 26:2H-1 et seq. as an emergency medical technician (EMT);
   d. Has **NOT** attempted more than one Initial EMT Education Program this calendar year that qualified for reimbursement from the EMT Training Fund;
   e. Has **NOT** used the EMT Training Fund for Initial EMT Education, more than twice since July 1, 2012;
   f. Has **NOT** used the EMT Training Fund for EMT Refresher education more than once per refresher, per credential cycle; and
   g. Has worked at least one service call per month, during the initial three-year certification period as a volunteer emergency medical technician;
3. The head of the ambulance, first aid, or rescue squad shall seek reimbursement from the student/EMT candidate, if the student/EMT candidate ceases to be a volunteer in good standing, for monies paid out of the fund in connection with that student/EMT's training, testing, certification, or recertification, as appropriate, in connection with the initial three-year certification period in which the student/EMT ceased to be a volunteer in good standing;
4. It is a crime for any person to knowingly or willfully provide false information on this application, or to make deliberately misleading statements regarding the eligibility of applicants. N.J.S.A. 2C:21-4(s);
5. The head/Chief Officer is not the EMT Student/Candidate; and
6. The EMS agency listed above currently provides Basic Life Support (BLS) services in New Jersey and is capable of transporting patients to an acute care hospital by ambulance.

All signatures must be digital

Head/Chief Officer (Signature)	Head/Chief Officer (Printed)	Date:
Donald Duck Digitally signed by Donald Duck Date: 2025.07.27 20:46:39 -04'00'	Donald Duck	07/27/2025
EMT Student/Candidate (Signature):	**EMT Student/Candidate (Printed):**	**Date:**
Minnie Mouse Digitally signed by Minnie Mouse Date: 2025.07.27 20:47:19 -04'00'	Minnie Mouse	07/27/2025
If EMT Student/Candidate is under 18 a Parent/Guardian must sign:		
Parent/Guardian (Signature):	Parent/Guardian (Printed):	Date:

Once this form is completed in its entirety, please submit it directly to the training agency or instructor responsible for providing the education.
For any questions related to the EMT Training Fund, please contact the Office of Emergency Medical Services by email at ems@doh.nj.gov or by telephone at (609) 633-7777.

NOTICE: It is a crime for any person to knowingly or willfully provide false information on this application, or to make deliberately misleading statements regarding the eligibility of applicants. [N.J.S.A. 2C:21-4(s)].