

OFFICE OF THE SHERIFF

MICHAEL G. MASTRONARDY
SHERIFF

BRIAN J. KLIMAKOWSKI
UNDERSHERIFF

NILS R. BERGQUIST, JR.
UNDERSHERIFF



TELEPHONE
732-506-5346

FAX NUMBER
732-506-5314

WEBSITE
www.co.ocean.nj.us/OCsheriff

ADMINISTRATIVE DIVISION

120 HOOPER AVENUE • P.O. BOX 2191 • 3rd FLOOR JUSTICE COMPLEX • TOMS RIVER, N. J. • 08754-2191

Basic Telecommunicator, CPR, and Emergency Medical Dispatch Courses

October 30th, 2017 through November 17th, 2017

You must attend all classes to receive your certifications! Classes will be on the following dates:

Evening Class Time: 6:00 p.m. to 10:00 p.m.

Evening Class Dates: October: 30, 31 / November: 1,2,3,6,7,8,9,10,13,14,15,16,17

Weekend Class Time: 8:00 a.m. to 4:00 p.m.

Weekend Class Dates: November: 4, 11

Location: Ocean County Sheriff's Office Communications Center
138 Chestnut Street - Toms River, NJ.

Description: Basic Telecommunicator Course is a 40 hour course that is required of all call takers. Telecommunicators will be instructed on the basic information required to dispatch calls for law enforcement, fire and EMS services. Emergency Medical Dispatch Course & CPR Certification is a state approved certification course that will enable the student to properly answer, prioritize and dispatch calls for medical aid, and to provide instructions for preliminary emergency medical care prior to arrival of emergency medical personnel. This class will include practical exercises and demonstrations. These certifications are required for all 911 telecommunicators in the State of New Jersey.

Attire: Business Casual

Cost: \$250.00 Check or Money Order payable to: County of Ocean



SPECIAL ASSISTANCE/ACCOMMODATIONS available, please call (732) 349-2010 (V/TTD).

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Additional Notes:

Materials supplied the first night of class
Class space is limited to 25

Registration Closing Date: October 23rd, 2017

Return this Application and Payment to:

Ocean County Sheriff's Office
Justice Complex
120 Hooper Avenue
Toms River, NJ 08754
Business Hours: 0800 – 1600

Registrant's Name: _____
Last First

Address: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

The above contact information is required should we need to contact the registrant directly concerning the status of this course offering, especially in the event of course cancellation or postponement.

Department use only:

Circle: Check Money Order

Registration/Payment received by: _____ Date: _____



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