



## **Northern Monmouth EMT Program At Keyport High School**

370 Broad St.  
Keyport, NJ 07735  
Ed Kropinack – Coordinator  
732-270-1877

Fred Etting – Primary Instructor  
732-604-9174

Kenneth Krohe – Course Director  
732-212-6100 Ext. 1006

Fax: 732-212-6195 Email: [kkrohe@kpsdschools.org](mailto:kkrohe@kpsdschools.org)

### **Emergency Medical Technician Course**

Keyport High School is pleased to announce the start of our next Training Program for Emergency Medical Technician –Certification. The program will be conducted on Monday and Wednesday nights along with several Saturday daytime sessions.

**Dates:** Wednesday January 18, 2017 thru Wednesday May 17, 2017  
**Time:** M & W – 7:00 p.m., Sat. – 8:00 a.m.

**Place:** Keyport High School, 351 Broad Street, Keyport, NJ 07735,  
Downstairs Cafeteria

**Prerequisite:** Cardiopulmonary Resuscitation (CPR) Professional Level (AHA, ARC or other Authorized Agency). You must have completed a CPR course prior to attending the EMT course.

**Fee:** Non-Affiliated Students: \$1200.00 (payable with application)  
(Plus \$200.00 for textbooks and materials)  
Affiliated Students: No charge. **Must have State Training Fund**  
"Eligibility Statement" signed by appropriate Volunteer Agency Officer.  
"Eligibility Statement" must accompany application or be presented at  
first session. (Plus \$200.00 for textbooks and materials) This is no  
longer included in the training fund.

**Copies:** Attached is one copy of the application and the "Eligibility Statement". Please make copies of the application and "Eligibility Statement", as needed.

**See Instructions on Reverse Side**

**Instructions:**

1. Read reverse side of the application for student qualifications.
2. Fill out the application completely.
3. Fill out the "Eligibility Statement" and have it signed by an appropriate Volunteer Agency Officer.
4. Make a photocopy of your valid CPR card – front and back.
5. Send the following to:  
Northern Monmouth EMT Program, 370 Broad St. Keyport, NJ  
07735
  - a. Application
  - b. Eligibility Statement
  - c. Photocopy of CPR Card
  - d. Check for (\$1400.00) if non-affiliated  
Payable to: Keyport Board of Education
6. Call Ken Krohe at 732-212-6100 Ext. 1006, if you need to drop off your forms, have further questions or need special consideration. Forms may dropped off or mailed to the Keyport Board of Education office, 370 Broad St. Keyport, NJ 07735
7. This course is also affiliated with Brookdale Community College and is eligible for elective credits. You may contact the college direct to register. College fees do apply. Fast start program information is included for High School students.

**Space is limited, please do not delay.**

Parking at Keyport High School is extremely limited. Please park only in authorized areas. Car-pooling is encouraged.

**Course # 131595**



New Jersey Department of Health and Senior Services  
Office of Emergency Medical Services

## EMT COURSE SCHEDULE

Course Sponsor <b>Keyport Public Schools</b>	Coordinator <b>Ed Kropinack</b>	Primary Instructor <b>Fred Etting</b>
Sponsor Contact <b>Kenneth Krohe</b>	Address <b>370 Broad Street</b>	Day Telephone No.
Sponsor Telephone No. <b>732-673-4795</b>	City, State, Zip <b>Keyport, NJ 07735</b>	Cell Phone No. <b>732-604-9174</b>
Medical Director <b>Robert Morgan, MD</b>	Day Telephone No. <b>732-270-1877</b>	Class I.D. <b>131595</b>
Address <b>55 N. Gilbert St., Tinton Falls, NJ 07701</b>	Cell Phone No. <b>732-241-9553</b>	Course Location <b>Keyport High School</b>
Cell Phone No. <b>732-673-7026</b>		Class Days & Time <b>M-W 7:00-10:30pm; Sat. 8:00am-4:00pm</b>
Text <b>Brady Emergency Care – 13th Edition</b>	Estimated No. Students <b>30</b>	Course Fee <b>Tuition \$1,200.00 + Books \$200.00</b>

Day, Date, and Times	Chapter	Lecture, Quiz, Skills Lab, etc.
Wed. 01/18, 7:00pm – 9:00pm	Student Registration, Course Introduction and Overview	K. Krohe, E. Kropinack
Wed. 01/18, 9:00pm – 10:30pm	<u>Chapter 1</u> Introduction to Emergency Medical Services and the Health Care System	Lecture
Sat. 01/21, 8:00am – 9:30am	<u>Chapter 3</u> Lifting and Moving Patients	Lecture Quiz Chapters 1 & 3
Sat. 01/21, 9:30am – 4:00pm	Lifting and Moving Patients	<b>Practical Skills Lab</b>
Mon. 01/23, 7:00pm – 8:40pm	<u>Chapter 2</u> The Well-Being of the EMT	Lecture Quiz – Chapters 1 & 2
Mon. 01/23, 8:40pm – 10:30pm	<u>Chapter 4</u> Medical, Legal, and Ethical Issues	Lecture Quiz – Chapter 4
Wed. 01/25, 7:00pm – 8:00pm	<u>Chapter 5</u> Medical Terminology	Lecture Quiz – Chapter 5
Wed. 01/25, 8:00pm – 9:30pm	<u>Chapter 6</u> Anatomy and Physiology	Lecture Quiz – Chapter 6
Wed. 01/25, 9:30pm – 10:30pm	Lifting and Moving Patients	<b>Practical Skills Lab</b>
Mon. 01/30, 7:00pm – 8:30pm	<u>Chapter 7</u> Ventilation, Perfusion and Shock: Understanding Pathophysiology	Lecture Quiz – Chapter 7
Mon. 01/30, 8:30pm – 9:30pm	<u>Chapter 8</u> Life Span Development	Lecture Quiz – Chapter 8
Mon. 01/30, 9:30pm – 10:30pm	Lifting and Moving Patients	<b>Practical Skills Lab</b>
Wed. 02/01, 7:00pm – 8:00pm	Exam 1	Exam 1 (Chapters 1 – 8)
Wed. 02/01, 8:00pm – 8:45pm	<u>Chapter 9</u> Airway Management	Lecture Quiz – Chapter 9
Wed. 02/01, 8:45pm – 10:00pm	Airway	<b>Practical Skills Lab</b>
Wed. 02/01, 10:00pm – 10:30pm	Review of Exam 1	E. Kropinack
Sat. 02/04, 8:00am – 11:00am	<u>Chapter 10</u> Respiration and Artificial Ventilation	Lecture Quiz – Chapter 10
Sat. 02/04, 11:00am – 4:00pm	Airway, Respiratory	<b>Practical Skills Lab</b>
Mon. 02/06, 7:00pm – 10:30pm	Airway, Respiratory	<b>Practical Skills Lab</b>
Wed. 02/08, 7:00pm – 8:00pm	Exam 2	Exam 2 (Chapters 9 - 10)
Wed. 02/08, 8:00pm – 10:00pm	Practical Skills Testing	Practical Skills Testing
Wed. 02/08, 10:00pm – 10:30pm	Review of Exam 2	E. Kropinack
Mon. 02/13, 7:00pm – 8:00pm	<u>Chapter 11</u> Scene Size-up	Lecture Quiz – Chapter 11
Mon. 02/13, 8:00pm – 9:00pm	<u>Chapter 12</u> Primary Assessment	Lecture Quiz – Chapter 12
Mon. 02/13, 9:00pm – 10:30pm	Patient Assessment	<b>Practical Skills Lab</b>



# EMT COURSE SCHEDULE – (Continued)

Day, Date, and Times	Chapter	Assignments, Tests, Quizzes
Wed. 02/15, 7:00pm – 8:00pm	<b>Chapter 13</b> Vital Signs and Monitoring Devices	Lecture Quiz – Chapter 13
Wed. 02/15, 8:00pm – 10:30pm	Vital Signs and Monitoring Devices	<b>Practical Skills Lab</b>
Sat. 02/18, 8:00am – 10:00 am	<b>Chapter 14</b> Secondary Assessment – Part 1	Lecture
Sat. 02/18, 10:00am – 12:30pm	Patient Assessment, Vital Signs, and Monitoring Devices	<b>Practical Skills Lab</b>
Sat. 02/18, 12:30pm – 2:00pm	<b>Chapter 14</b> Secondary Assessment – Part 2	Lecture Quiz – Chapter 14
Sat. 02/18, 2:00pm – 4:00pm	Patient Assessment, Vital Signs, and Monitoring Devices	<b>Practical Skills Lab</b>
Mon. 02/20, 7:00pm – 8:30pm	<b>Chapter 15</b> Communication and Documentation	Lecture Quiz – Chapter 15
Mon. 02/20, 8:30pm – 10:30pm	Patient Assessment, Vital Signs, Communication and Documentation	<b>Practical Skills Lab</b>
Wed. 02/22, 7:00pm – 10:30pm	Patient Assessment, Vital Signs, Communication and Documentation	<b>Practical Skills Lab</b>
Mon. 02/27, 7:00pm – 8:00pm	<b>Exam 3</b>	<b>Exam 3 (Chapters 11 – 15)</b>
Mon. 02/27, 8:00pm – 10:00pm	<b>Practical Skills Testing</b>	<b>Practical Skills Testing</b>
Mon. 02/27, 10:00pm – 10:30pm	<b>Review of Exam 3</b>	E. Kropinack
Wed. 03/01, 7:00pm – 8:30pm	<b>Chapter 16</b> General Pharmacology	Lecture Quiz – Chapter 16
Wed. 03/01, 8:30pm – 10:30pm	<b>Chapter 17</b> Respiratory Emergencies	Lecture Quiz – Chapter 17
Sat. 03/04, 8:00am – 10:30am	<b>Chapter 18</b> Cardiac Emergencies	Lecture Quiz – Chapter 18
Sat. 03/04, 10:30am – 4:00pm	Respiratory & Cardiac	<b>Practical Skills Lab</b>
Mon. 03/06, 7:00pm – 9:15pm	<b>Chapter 19</b> Diabetic Emergencies And Altered Mental Status	Lecture Quiz – Chapter 19
Mon. 03/06, 9:15pm – 10:30pm	<b>Chapter 20</b> Allergic Reaction	Lecture Quiz – Chapter 20
Wed. 03/08, 7:00pm – 8:30pm	<b>Chapter 21</b> Poisoning and Overdose Emergencies	Lecture Quiz – Chapter 21
Wed. 03/08, 8:30pm – 9:45pm	<b>Chapter 22</b> Abdominal Emergencies	Lecture Quiz – Chapter 22
Wed. 03/08, 9:45pm – 10:30pm	Medical	<b>Practical Skills Lab</b>
Sat. 03/11, 8:00am – 9:15am	<b>Chapter 23</b> Behavioral and Psychiatric Emergencies and Suicide	Lecture Quiz – Chapter 23
Sat. 03/11, 9:15am – 10:30am	<b>Chapter 24</b> Hematological and Renal Emergencies	Lecture Quiz – Chapter 24
Sat. 03/11, 10:30am – 1:30pm	Medical	<b>Practical Skills Lab</b>
Mon. 03/13	No Class	<b>Spring Break</b>
Wed. 03/15	No Class	<b>Spring Break</b>
Mon. 03/20, 7:00pm – 8:00pm	<b>Exam 4</b>	<b>Exam 4 (Chapters 16 – 24)</b>
Mon. 03/20, 8:00pm – 10:00pm	<b>Practical Skills Testing</b>	<b>Practical Skills Testing</b>
Mon. 03/20, 10:00pm – 10:30pm	<b>Review of Exam 4</b>	E. Kropinack
Wed. 03/22, 7:00pm – 8:45pm	<b>Chapter 25</b> Bleeding and Shock	Lecture Quiz – Chapter 25
Wed. 03/22, 8:45pm 10:30pm	Trauma	<b>Practical Skills Lab</b>
Mon. 03/27, 7:00pm – 9:45pm	<b>Chapter 26</b> Soft-Tissue Trauma	Lecture Quiz – Chapter 26
Mon. 03/27, 9:45pm – 10:30pm	Trauma	<b>Practical Skills Lab</b>
Wed. 03/29, 7:00pm – 8:30pm	<b>Chapter 27</b> Chest and Abdominal Trauma	Lecture Quiz – Chapter 27
Wed. 03/29, 8:30pm – 10:30PM	Trauma	<b>Practical Skills Lab</b>



## EMT COURSE SCHEDULE – (Continued)

Day, Date, and Times	Chapter	Assignments, Tests, Quizzes
Sat. 04/01, 8:00am – 10:00am	<u>Chapter 28</u> Musculoskeletal Trauma	Lecture Quiz – Chapter 28
Sat. 04/01 10:00am – 12:00pm	<u>Chapter 29</u> Trauma to the Head, Neck, and Spine	Lecture Quiz – Chapter 29
Sat. 04/01, 12:00pm – 4:00pm	<u>Trauma</u>	<b>Practical Skills Lab</b>
Mon. 04/03, 7:00pm – 8:30pm	<u>Chapter 30</u> Multisystem Trauma	Lecture Quiz – Chapter 30
Mon. 04/03, 8:30pm – 10:30pm	<u>Chapter 31</u> Environmental Emergencies	Lecture Quiz – Chapter 31
Wed. 04/05 7:00pm – 10:30pm	<u>Trauma</u>	<b>Practical Skills Lab</b>
Mon. 04/10, 7:00pm – 8:00pm	Exam 5	Exam 5 – (Chapters 25 – 31)
Mon. 04/10, 8:00pm – 10:00pm	Practical Skills Testing	Practical Skills Testing
Mon. 04/10, 10:00pm – 10:30pm	Review of Exam 5	E. Kropinack
Wed. 04/12, 7:00pm – 9:00pm	Trauma Skills Remediation and Retesting	Practical Skills Retesting
Wed. 04/12, 9:00pm – 10:30pm	<u>Chapter 34</u> Geriatric Emergencies	Lecture Quiz – Chapter 34
Sat. 04/15, 8:00am – 10:00am	<u>Chapter 35</u> Emergencies for Patients with Special Challenges	Lecture Quiz – Chapter 35
Sat. 04/15, 10:00am – 4:00pm	<u>Trauma and Medical</u>	<b>Practical Skills Lab</b>
Mon. 04/17, 7:00pm – 9:30pm	<u>Chapter 32</u> Obstetrics and Gynecologic Emergencies	Lecture Quiz – Chapter 32
Mon. 04/17, 9:30pm – 10:30pm	<u>OB/GYN</u>	<b>Practical Skills Lab</b>
Wed. 04/19, 7:00pm – 9:00pm	<u>Chapter 33</u> Pediatric Emergencies	Lecture Quiz – Chapter 33
Wed. 04/19, 9:00pm – 10:30pm	<u>Pediatrics and Special Populations</u>	<b>Practical Skills Lab</b>
Mon. 04/24, 7:00pm – 8:00pm	Exam 6	Exam 6 (Chapters 32 – 35)
Mon. 04/24, 8:00pm – 10:00pm	Practical Skills Testing	Practical Skills Testing
Mon. 04/24, 10:00pm – 10:30pm	Review of Exam 6	E. Kropinack
Wed. 04/26, 7:00pm – 8:30pm	<u>Chapter 36</u> EMS Operations	Lecture Quiz - Chapter 36
Wed. 04/26, 8:30pm – 10:30pm	<u>Chapter 37</u> Hazardous Materials, Multiple Casualty Incidents, and Incident Management	Lecture Quiz – Chapter 37
Sat. 04/29, 8:00am – 9:30am	<u>Chapter 38</u> Highway Safety and Vehicle Extrication	Lecture Quiz – Chapter 38
Sat. 04/29, 9:30am – 11:00am	<u>Chapter 39</u> EMS response to Terrorism	Lecture Quiz – Chapter 39
Sat. 04/29, 11:00am – 4:00pm	All Practical Skills	<b>Practical Skills Lab</b>
Mon. 05/01, 7:00pm – 10:30pm	All Practical Skills	<b>Practical Skills Lab</b>
Wed. 05/03, 7:00pm – 8:00pm	Exam 7	Exam 7 (Chapters 36 – 39)
Wed. 05/03, 8:00pm – 10:30pm	All Practical Skills	<b>Practical Skills Lab</b>
Sat. 05/06, 9:00am – 4:00pm	Final Skills Examination	
Mon. 05/08, 7:00pm – 9:00pm	Skills Remediation and Re-Test	
Mon. 05/08, 9:00pm – 10:30pm	Final Written Course Examination	
Wed. 05/10, 7:00pm – 10:30pm	• Review Session	
TBD	NJ Written Certification Examination	



# Northern Monmouth EMT Program

## Pre-Registration Form

Please print clearly and provide all requested information. It will be used to register you online and establish an account in the NJ Dept. of Health LMS system. All information will be held in strict confidence and not shared with anyone.

**Social Security Number** \_\_\_\_\_ (in XXX-XX-XXX format)  
(will only be used to create your online ID with the NJ Dept. of Health LMS system)

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Date of Birth (mm/dd/yyyy)** \_\_\_\_\_

**Physical Address** \_\_\_\_\_

**Physical City** \_\_\_\_\_ **Physical State** \_\_\_\_\_ **Physical Zip Code** \_\_\_\_\_

**County** \_\_\_\_\_ **Municipality Code (if known)** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Extension** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Primary Organization Name** \_\_\_\_\_

**Primary Organization Type :** Volunteer \_\_\_\_\_ Non Volunteer \_\_\_\_\_ Not Affiliated \_\_\_\_\_

Have you ever been an EMT or have you ever been enrolled in an EMT course in the State of New Jersey?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged, convicted, placed on probation, entered into a pre-trial intervention (PTI) program or entered into a plea bargain in connection with a violation of law under the laws of any state, the federal government, or any other jurisdiction, other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been subjected to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrender a health care licensure in any state or to an agency authorizing the legal right to work? Yes \_\_\_\_\_ No \_\_\_\_\_

I affirm that all of the above information is true and correct. I understand that any misrepresentation of fact may be grounds to deny or revoke EMS certification.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Course Use Only :** LMS User ID \_\_\_\_\_ Temporary PW \_\_\_\_\_

**Date Registered for EMT-Basic Class** \_\_\_\_\_ **Class Code** \_\_130155\_\_\_\_\_





New Jersey Department of Health  
Office of Emergency Medical Services (OEMS)

EMT TRAINING FUND  
CERTIFICATE OF ELIGIBILITY FOR EMT EDUCATION

*(Please type or print legibly.)*

Name of Student: \_\_\_\_\_

EMS ID Number: \_\_\_\_\_

Name of Eligible Volunteer EMS Agency: \_\_\_\_\_

Student Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course Sponsor: Keyport Board of Education

Course Start Date: 1/18/2017 Course Number: 131595

Course Title: EMT

The undersigned verifies that:

1. All of the information above is true and accurate.
2. The EMT candidate listed above meets the following criteria:
  - a. Possession of valid CPR course completion documentation to the level of professional rescuer by a vendor approved by OEMS.
  - b. Is a member in good standing of the "Eligible Volunteer EMS Agency" listed above.
  - c. Has **NOT** attempted more than one Initial EMT education program this calendar year.
  - d. Has **NOT** used the EMTTF, for initial EMT education, more than twice since July 1, 2012.

Verified by:

Name of Principal Officer (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Contact/Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Principal Officer: \_\_\_\_\_ Date: \_\_\_\_\_

- 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)].
- I understand there is a best practices guideline that the Department has published for student selection and our organization has considered the suggestions before issuing this Certificate of Eligibility.





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732-212-6100 Ext. 1006

**FITN 176**

**Spring 2017**

**Emergency Medical Technician Fact Sheet**

**For Brookdale Fast Start and Regular Students**

**Classes Meet at Keyport High School, 370 Broad Street, Keyport, NJ  
07735**

**Classes Meet every Monday and Wednesday from 7 PM – 10:30 PM  
plus the Following Saturdays from 8:00 AM – 4:00 PM**

**1/21, 2/4, 2/18, 3/04, 3/11, 4/1, 4/15, 4/29, 5/06**

In addition to Brookdale tuition and fees, there is an additional \$400.00 Lab Fee. Students will also be required to purchase the course manual separately. They need to bring cash, credit card, or check (Made out to Keyport Board of Education) to the first course class to pay for this manual and materials. Current cost is \$200.00.

Students must be certified in CPR at the Professional level as a prerequisite to starting the class.







**DONNA CUDDY**

Associate Director

Transfer Resources/Articulation

765 Newman Springs Road, Lincroft, NJ 07738

Phone: (732) 224-2574

Fax: (732) 224-2955

Email: dcuddy@brookdalecc.edu



County College of Monmouth

765 Newman Springs Road

Lincroft, NJ 07738-1543

Phone: 732-224-2345

www.brookdalecc.edu

Thank you for your interest in the Fast Start Program at Brookdale Community College!  
A Fast Start Application is attached.

Please complete the attached Brookdale application and the Fast Start Applicant Information form. Return the completed forms and a \$25 application fee to:

Donna Cuddy  
Transfer Resources  
Brookdale Community College  
765 Newman Springs Road  
Lincroft, NJ 07738

Please make your check payable to "Brookdale Community College." These completed forms are required to complete your Fast Start Program application. I will contact you regarding Accuplacer testing.

Please call me at 732-224-2574 if you have any questions.

Sincerely,

Donna Cuddy  
Associate Director, Transfer Resources

**Please review for Accuplacer testing at [accuprep.pccc.edu](http://accuprep.pccc.edu)**

*If you have taken the SAT, please attach a copy of your College Board SAT score report to your application.*

## **Brookdale Community College Fast Start Program**

### **What is the Fast Start Program?**

The Fast Start Program allows qualified high school sophomores, juniors, seniors, and home schooled students, to enroll in college-level courses at Brookdale Community College. Students may enroll in one or two courses per semester.

### **How do students qualify for the Fast Start Program?**

To qualify for the Fast Start Program, students must:

- Have the permission of their parent/guardian and guidance counselor
- Have completed their freshman year of high school or equivalent
- Be at least 15 years of age
- Submit a completed Brookdale Community College application, Fast Start application and \$25 application fee.
- Take Accuplacer (a basic skills placement test) and pass all sections or show proof of the following SAT scores:  
Math SAT score of 530 waives the arithmetic and elementary algebra sections of Accuplacer; Critical Reading SAT score of 540 waives the reading comprehension and sentence skills sections of Accuplacer
- Be responsible for all costs associated with the Fast Start Program including tuition, fees, books and course materials
- Provide their own transportation to Brookdale Community College. Fast Start students may take courses on Brookdale's Lincroft campus or at any of Brookdale's Higher Education Centers.

### **What is the benefit of the Fast Start Program?**

The Fast Start Program saves students time and money. Students leave high school having already earned college credit for Brookdale Community College courses. Students can use these credits as part of their degree program at Brookdale Community College or transfer the credits to a four-year college or university. (The decision to accept courses in transfer lies with the four-year college/university.)

### **How do students get started in the Fast Start Program?**

Students interested in the Fast Start Program should contact Donna Cuddy at 732-224-2574 or [dcuddy@brookdalecc.edu](mailto:dcuddy@brookdalecc.edu) to request a Fast Start application. Please direct questions regarding the Fast Start Program to Donna Cuddy, Associate Director, Transfer Resources, Brookdale Community College.



Form A

## Admission Application

## FAST START PROGRAM

Attach check or money order (non-refundable) for \$25, payable to "Brookdale Community College"

**BIOGRAPHICAL DATA** NOTE: You do not need to answer questions on this page marked with an asterisk \* to fully complete this application. Both the State and Federal Governments periodically require that we submit information on the characteristics of our students. Your response to this section is voluntary but it will help us in implementing our affirmative action policy. Brookdale is an equal opportunity institution. This information does not affect admission or placement.

Social Security Number Last Name First Name  M.I. Street Address City State Zip Code County of Residence Have you lived in N.J. the past year? ☐ Yes ☐ NoDay Phone Evening Phone Cell Phone \*Date of birth \*Sex: ☐ Male ☐ Female\*Ethnicity (check one): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino\*Race (check one or more): ☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ WhiteAre you a U.S. citizen? ☐ Yes ☐ NoAre you a veteran eligible for the Montgomery Bill? ☐ Yes ☐ No If yes, please call 732-224-2095.**\*PROGRAM OF STUDY**Year you plan to begin \_\_\_\_\_ Beginning Term: ☐ Fall (Sept.) ☐ Winterim ☐ Spring (Jan.) ☐ Summer I (May) ☐ Summer II (June) ☐ Summer III (July)Do you plan to be a Degree (regular) student enrolled in a degree or certificate program? ☐ Yes ☐ No

If YES, what program do you intend to pursue? \_\_\_\_\_ (See Program Code Listing on reverse)

If NO, do you plan to be a ☐ Non-degree (special) student? ☐ Visiting student (matriculated elsewhere)? ☐ Service Members Opportunity College (SOC)?

Would you like to receive information about Communiversities Programs? ☐ Yes ☐ No The New Jersey Coastal Communiversities is an alliance of seven colleges and universities that offers associate, bachelor and master degree programs for the residents of Monmouth and Ocean Counties. Brookdale offers selected associate degrees that transfer toward the first two years of the bachelor's degrees offered at the Communiversities. To receive more information, check Yes above.

**EDUCATION**

High school last attended: \_\_\_\_\_ Highest grade completed: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

City/State of High School: \_\_\_\_\_ Are you a high school student applying for "College Fast Start?" ☐ Yes ☐ NoDo you have an equivalency diploma (GED)? ☐ Yes ☐ No If yes, from what state? \_\_\_\_\_

List all colleges and schools attended after high school:

School	City & State	Month & Year	Degree
		/ to /	
		/ to /	
		/ to /	

DO NOT OMIT SCHOOLS IN WHICH NO CREDITS WERE EARNED. TRANSCRIPTS FROM EACH LISTED SCHOOL SHOULD BE SENT TO BROOKDALE.

**SIGNATURE**

I certify that all the answers I have given are correct and accurate. Response is voluntary and the information will be kept confidential. Refusal to provide this information will not subject the applicant to any adverse treatment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

These documents are available through the  
Office of the Dean of Students:

Campus Safety and Security Report  
College Drug Policy  
Graduation Rates  
Transfer Rates

