

## TRAUMA/EMS SYSTEMS GRANT TUITION DEFRAYMENT

Division of Emergency Medical Systems 1720 Burlington Dr • Bismarck ND 58504-7736



701-328-2388 • 701-328-0357 (f) • dems@nd.gov • health.nd.gov SFN 60480 (02/2021)

Application Date						
Applicant (physician, nurse practitioner, physician assistant or registered nurse):						
First Name L		ast Name				Middle Initial
Facility Where Class Was Held			Date of Class			
The above-named applicant has completed the following course CHECK APPROPRIATE BOX(ES):	ırse(s):					
\$125 Registered Nurse - Trauma Nursing Care Course	e (TNCC) f	ull course				
\$125 Registered Nurse - Advanced Trauma Care for N	Nurses (AT	CN) full co	ourse			
\$650 Nurse Practitioner or Physician Assistant - Advar	nced Traur	ma Life Su	pport (ATLS) full course			
\$750 Physician - Advanced Trauma Life Support (ATL	S) full cou	rse				
Upon successful completion of the above marked course, the Trauma Tuition Policy of the Division of Emergency Medical	e hospital I Systems.	listed belov	w has met the eligibility requ	irements of the	Γraining Grar	nt Funds Distribution -
Hospital				Hospital EIN (Tax ID number)		
Street Address / PO Box	ddress / PO Box City			State	Zip Code	Э
Email	Telephone	e Number		Fax Number		
Authorized Signature			Title			
Submit a separate application for each person.			DEMS USE ONLY			
Payment will be made to the hospital listed above.			Approved for Payment: 6631-HL1259-02			
Return completed form along with additional application requirements to:      Division of Emergency Medical Systems     ND Department of Health     1720 Burlington Dr     Bismarck ND 58504-7736      OR -  dems@nd.gov			Registered Nurse - TNCC			\$125.00
			Registered Nurse - ATCN			\$125.00
			Nurse Practitioner or Physician Assistant - ATLS			\$650.00
			Physician - ATLS			\$750.00
Trauma System Coordinator Approval		Date				
Division Director Approval		Date				