

## 2020 - 2021 EMS CONTINUING EDUCATION GRANT Application

### EMERGENCY MEDICAL SYSTEMS (EMS) CONTINUING EDUCATION GRANT APPLICATION

**Status:** Not Submitted

To fill out the application you must have the application checked out.

**EMERGENCY MEDICAL SYSTEMS (EMS) CONTINUING EDUCATION GRANT APPLICATION (19)**

**Questions**

**NORTH DAKOTA DEPARTMENT OF HEALTH (NDDoH) - DIVISION OF EMERGENCY MEDICAL SYSTEMS (DEMS)**

An EMS Operation (Ambulance Service or Quick Response Unit (QRU), hereinafter referred to as an "EMS Entity", may request funds from the DEMS EMS Training Grants Fund for financial assistance regarding EMS continuing education for active EMS personnel in North Dakota.

Approved funding depends on the type of conference / training completed (as listed below) and must meet the following requirements:

1. The conference / training must be pre-approved or certified by DEMS.
2. Attendee must be a patient care provider at a level that requires the training attended.
3. Attendee must be a member of a licensed EMS Entity.
4. Application must be received not more than 45 days after the conference / training.
5. See EMS Continuing Education Grant Application Policy for all requirements.

The EMS Continuing Education Grant Application Policy is hereby incorporated as part of this Agreement.

**The EMS Entity requests the following funds from the EMS Training Grants Fund. (Select only ONE)**

- One-day conference / training (\$70 / attendee)**
- Two-day conference / training (\$140 / attendee)**
- Two-day conference / training (\$140 / attendee plus \$90 for Lodging)**
- Three-day conference / training (\$210 / attendee)**
- Three-day conference / training (\$210 / attendee plus \$180 for Lodging)**
- Child Passenger Safety Certification (\$125 / attendee)**
- Child Passenger Safety Certification (\$125 / attendee plus \$270 for Lodging)**
- EMS Management Conference (\$150 / attendee)**
- Local EMS Agency Training (\$8.75 / hour / attendee). This may include nationally recognized courses (hours based on the recommended number of hours for the course) or National Continued Competency Requirement (NCCR) courses. Funding is limited to one request per service per state fiscal year.**
- Nationally Recognized Courses (ACLS, PALS, PHTLS, etc.) (\$8.75 / hour / attendee)**
- Emergency Vehicle Operator Course (EVOC) Provider Training (\$60 / attendee). Please verify with the EVOC instructor that an attendee roster has been submitted to DEMS prior to submitting an EMS Continuing Education Grant Application.**

If "EVOC Provider Training" was attended, please provide the EVOC Course Authorization Number below.

Enter Conference / Training Information below:

Name of Conference / Training	<input style="width: 100%;" type="text"/>
Date(s) of Conference / Training	<input style="width: 100%;" type="text"/>
Location of Conference / Training	<input style="width: 100%;" type="text"/>
Number of qualified EMS personnel attending conference / training	<input style="width: 100%;" type="text"/>

Enter the Attendee(s) below. Click on the "Add Row" button below if more than one Attendee.

	ND State EMS Number	First Name	Last Name	# of Days Attended. If Local EMS Agency Training or Nationally Recognized Course, enter # of Hours.
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Add Row

Enter EMS Entity information below:

EMS Entity Name	
Street Address / PO Box Number	
City	
State	
Zip Code	
EMS Entity Service Number	
Contact Person	
Phone Number	

Evidence of Authorized Representative. (This application must indicate the individual who has the authority to apply for and accept funds on behalf of the EMS Entity.)

I certify that the above named EMS Entity has met the requirements noted in the EMS Continuing Education Grant Application Policy.

Authorized by

	Name	Title	Date

**DEMS USE ONLY**

Current EMS Entity License # with DEMS? Yes or No

Approved for Payment: 63336 6631 HL 1233 01 712050

In the amount of \$ \_\_\_\_\_

Vendor Number and Location \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Save**