

2020 - 2021: EMS PARAMEDIC TRAINING ASSISTANCE GRANT Application

EMERGENCY MEDICAL SYSTEMS (EMS) PARAMEDIC TRAINING ASSISTANCE GRANT APPLICATION - PROVIDER/SERVICE AGREEMENT

Status: Not Submitted

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

EMERGENCY MEDICAL SYSTEMS (EMS) PARAMEDIC TRAINING ASSISTANCE GRANT APPLICATION - PROVIDER/SERVICE AGREEMENT (20)

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 training paramedics working in North Dakota.

Enter the following information below:

Name of Paramedic (hereinafter referred to as the "Provider")	
Name of EMS Entity	

The Provider agrees to serve the EMS Entity for a period of no less than 2 years following initial licensure as a Paramedic by the NDDoH DEMS. The Provider must be certified by the National Registry of Emergency Medical Technicians (NREMT) and licensed by the NDDoH DEMS. The Provider agrees to serve the EMS Entity in a full-time capacity and shall be available for call and runs at times which are mutually agreed upon between the Provider and the EMS Entity.

Failure of the Provider to meet the required service to the EMS Entity shall constitute a default of this Agreement and may require the EMS Entity to repay a prorated amount to the North Dakota Department of Health.

The EMS Paramedic Training Assistance Grant Application Policy is hereby incorporated as part of this Agreement.

The EMS Entity requests funds from the EMS Training Grants Fund of \$6,000 for the Provider named above. Only one EMS Paramedic Training Assistance Grant Application may be funded per Provider per state fiscal year.

Enter Provider information below:

Provider Name	
Street Address / PO Box Number	
City	
State	
Zip Code	
Phone Number	
Training Course Location	
Certification Level	
License Date	
National Registry Number	
ND State EMS Number	

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 Provider and EMS Entity has or will meet the requirements noted in the EMS Paramedic Training Assistance Grant Application Policy.

Authorized by

Name	Title	Date

DEMS USE ONLY

Provider currently licensed by DEMS? Yes or No

Current EMS Entity License # with DEMS? Yes or No

Approved for Payment: 63336 6631 HL 1233 01 712050

In the amount of **\$6,000**

Vendor Number and Location _____

Signature _____

Date _____

Save