

2020 - 2021 EMS PERSONNEL INITIAL TRAINING GRANT Application

EMERGENCY MEDICAL SYSTEMS (EMS) PERSONNEL INITIAL TRAINING GRANT APPLICATION - PROVIDER/SERVICE AGREEMENT

Status: Not Submitted

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

EMERGENCY MEDICAL SYSTEMS (EMS) PERSONNEL INITIAL TRAINING GRANT APPLICATION - PROVIDER/SERVICE AGREEMENT (21)

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 an Emergency Medical Responder (EMR), Emergency Medical Technician (EMT) or Advanced Emergency Medical Technician (AEMT) to work in North Dakota.

Enter the following information below:

Name of EMS Personnel (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 1 year following initial licensure as an EMR by the NDDoH DEMS or initial certification as an EMT or AEMT by the National Registry of Emergency Medical Technicians (NREMT) and licensed by the NDDoH DEMS. The Provider agrees to serve the EMS Entity in the capacity of an EMS care provider and shall be available for call and runs at times which are mutually agreed upon between the Provider and the EMS Entity.

The Provider is a volunteer, is not compensated more than \$10,000 per year, and is providing patient care or rescue care.

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 Personnel Initial Training Grant Application Policy is hereby incorporated as part of this Agreement.

The EMS Entity requests funds from the EMS Training Grants Fund for the Provider named above. Select only ONE.

- EMR Training: \$350**
- EMT or AEMT Training: \$1,300**

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 have met the requirements noted in the EMS Personnel Initial Training 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 \$ _____

Vendor Number and Location _____

Signature _____

Date _____

Save