



RURAL PARAMEDIC TRAINING GRANT APPLICATION
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF EMERGENCY MEDICAL SERVICES and TRAUMA
 SFN 58654 (8-2007)

Name of Paramedic

the Provider, has met the requirements of the North Dakota Department of Health Rural

Paramedic Training Reimbursement Distribution policy. The Provider agrees to serve on the

Name of Ambulance Service	Service Number
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, hereinafter called the EMS entity, for a period of no less than 2 years

following initial licensure as a Paramedic by the North Dakota Department of Health, Division of Emergency Medical Services and Trauma (DEMST). The Provider must be certified through the National Registry of EMT's and licensed through the ND Department of Health, DEMST. 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 supply the amount of required service to the EMS entity shall constitute a default of this agreement and require the EMS Entity to repay a prorated amount to the ND Department of Health. The amount of training reimbursement shall be no more than \$4,000 per provider and shall be paid to the EMS entity. An EMS entity may not receive more than four reimbursements during the current biennium. The distribution policy is hereby incorporated as part of this agreement.

Dated this _____ day of _____, 20_____.

<u>Provider</u>		
Signature (Required)		
Name – PRINT OR TYPE		
Street Address / PO Box #		
City	State	Zip Code
Home Telephone Number	Work Telephone Number	
Training Course Site		
Initial Certification Date		
Licensure Date		
National Registry Number		
State EMS License Number		

<u>EMS Entity</u>		
Signature (Required)		
Name – PRINT OR TYPE		
Title		
Street Address / PO Box #		
City	State	Zip Code
Home Telephone Number	Work Telephone Number	

<p>Please Forward This Request To:</p>  <p>Emergency Medical Services and Trauma ND Department of Health 600 E Boulevard Ave Dept 301 Bismarck ND 58505-0200</p> <p>This Section for DEMS Use Only: Approved for Payment 6631-12330 01 712050 In the amount of \$_____.</p> <p>Signature: _____</p> <p>Date: _____</p>
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