PARAMEDIC TRAINING ASSISTANCE GRANT APPLICATION
PROVIDER / SERVICE AGREEMENT

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 58654 (12/2009) (R 8/2010)

Paramedic _____, hereinafter called 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

, 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 EMTs as well as 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 $3,000 per provider and shall be paid to the EMS entity if located in a town with a population of more than 30,000.

The amount of training reimbursement shall be no more than $5,000 per provider and shall be paid to the EMS entity if located in a town with a population of less than 30,000.

An EMS entity may not receive more than four reimbursements through the Rural Paramedic Training Grant fund during the current biennium.

The Rural Paramedic Training Grant distribution policy is hereby incorporated as part of this agreement.

PROVIDER			**EMS ENTITY**		
Name (print or type)			Name (print or type)		
Signature (Required)			Signature (Required)		
Street Address / PO Box Number			Street Address / PO Box Number		
City	State	Zip Code	City	State	Zip Code
Home Telephone Number	Work Telephone Number		Home Telephone Number	Work Telephone Number	
Certification Level			Date		
Training Course Site					
Initial Certification Date	Licensure Date				
National Registry Number	ND State EMS Number				
Date					

Return completed application by June 15, 2011 to:

North Dakota Department of Health
Division of EMS and Trauma
600 E. Boulevard Ave - Dept. 301
Bismarck, ND 58505-0200

Telephone 701.328.2388; Fax 701.328.1702

DEMST USE ONLY
Approved for Payment: 712050 6631 12330-01
In the amount of:
Signature
Date