



**AMBULANCE SERVICE  
EMS RECERTIFICATION / CONTINUING EDUCATION  
TRAINING GRANT REQUEST**

North Dakota Department Of Health  
Division of Emergency Medical Services and Trauma  
SFN8087 R/09-03/12-04/08/09-09



The (Name of EMS Entity)	Entity Ownership
--------------------------	------------------

hereinafter called the EMS Entity, has or will meet the Division of Emergency Medical Services and Traumas' requirements pertaining to the EMS Recertification/Continuing Education Training Grant Program Distribution Policy.

The EMS Entity requests a grant of:

PLEASE CHECK ONE ONLY		
<input type="checkbox"/> Volunteers and three or less paid personnel      \$2,000	<input type="checkbox"/> Volunteers and four to five paid personnel      \$1,000	<input type="checkbox"/> Volunteers and six or more paid personnel      \$500

from the EMS Recertification / Continuing Education Training Grant Fund.

I certify that the EMS Entity has met the requirements contained in the attached EMS Recertification/Continuing Education Training Grant Distribution Policy.

(Today's Date)	
Print or Type Name	Signature
Title	Home Phone                      Work Phone
Street Address / PO Box #	City, State, Zip Code

**PLEASE RETURN TO:**

Emergency Medical Services & Trauma  
ND Department of Health  
600 E Boulevard Ave Dept 301  
Bismarck ND 58505-0200

**BY JUNE 18, 2010**

<b>PLEASE DO NOT WRITE IN THIS BOX</b>	
Approved for Payment: 712050 6631-12330 01	
in the amount of :	
<input type="checkbox"/> Volunteers and three or less paid personnel	\$ 2,000
<input type="checkbox"/> Volunteers and four to five paid personnel	\$1,000
<input type="checkbox"/> Volunteers and six or more paid personnel	\$500
DATE: _____	
Signature _____	