



CRITICAL STAFFING SHORTAGE GRANT
 North Dakota Department of Health
 Division of Emergency Medical Services and Trauma
 SFN 54438



Name of Ambulance Service

, hereinafter called the Ambulance Service, has met the requirements of the North Dakota Department of Health Critical Staffing Shortage Grant Policy. The Ambulance Service has provided the Division of EMS the appropriate documentation to show eligibility and intent to conduct an EMT course in their town.

The Ambulance Service requests a portion of the grant as provided in the EMS Critical Staffing Shortage Grant Policy from the North Dakota Department of Health EMS Training Grant Fund for the training. Upon licensure of at least three of the trainees, the Ambulance Service requests the second portion of the grant as provided in the EMS Critical Staffing Shortage Grant Policy.

The attached distribution policy is hereby incorporated as a part of this Agreement.

Dated this _____ day of _____, 20_____.

Checklist of Eligibility Requirements

	The Ambulance Service has submitted a narrative plan describing the proposed EMT-B course.
	The Ambulance Service has included a letter from a bordering ambulance service stating their knowledge of the state sponsored course.
	The Ambulance Service is licensed in ND with at least 60% of their calls originating in ND.
	The Ambulance Service has provided a DEMST Roster showing fifteen or less primary care providers.
	The Ambulance Service has not received the Critical Staffing Shortage Grant in the last four years.

Ambulance Service
Name - Print or Type
Signature
Address
City, State, Zip
Telephone Number

<p>Please Forward This Request To:  Emergency Medical Services & 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: 712050 6631-12330 01</p> <p>In the amount of \$_____.</p> <p>Signature: _____ Date: _____</p>