



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

North Dakota Department Of Health
Division of Emergency Medical Services and Trauma
SFN8087 R/09-03/12-04/08-07/09-09



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 in the amount of: \$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

PLEASE DO NOT WRITE IN THIS BOX	
Approved for Payment: 712050 6631-12330 01	
in the amount of :	
<input type="checkbox"/>	\$500
DATE: _____	
Signature _____	