# CONTINUING EDUCATION GRANT APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 54436 (2/2013)

Division of Emergency Medical Services and Trauma (DEMST) administers grants to foster EMS training. To decrease the expense of attending conferences and required training, DEMST will award a grant to licensed or certified North Dakota EMS agencies depending on the training attended. Funding will not be set aside for this program. Grants are awarded on a first-come, first-served basis and may be denied due to a lack of funds. Approved payment amount depends on the type of training as listed below and must meet the following conditions:

1. Each individual must be licensed as a patient care provider at a level that requires the training attended.
2. Each individual must be a member of a licensed or certified responding EMS agency.
3. The conference / training must be pre-approved by DEMST to qualify for this program.
4. Applications must be received not more than 45 days after the conference / training.
5. See Grant Policy for all requirements.

| | | |
|---|---|---|
| Name of EMS Agency | | |
| Address | | |
| City | State | Zip Code |
| Name of Squad Leader or Training Officer (Type or print) | | |
| Home Telephone Number | Work Telephone Number | |
| Signature (Required) | Date | |
| Name of Conference / Training | | |
| Location of Conference / Training | | |
| Dates of Conference / Training | Number of Qualified EMS Personnel Attending | |

Check one of the following:

| | |
|---|---|
| ☐ EVOC provider training ($60 / person) | EVOC Course Authorization Number |
| ☐ One day conference ($60 / person) | ☐ Leadership Training ($300 / person) |
| ☐ Two day conference ($120 / person) | |
| ☐ Three day conference ($180 / person) | |
| ☐ Local EMS agency training * ($7.50 / hour / person) | |

* Local EMS agency training includes nationally recognized courses (hours based on the recommended number of hours for the course) or a North Dakota approved EMT Refresher (not to exceed 24 hours per person) or First Responder Refresher (not to exceed 16 hours per person). Funding for 'local EMS agency training' is limited to one request per service per fiscal year.

Attach completed "List of Attendees" using additional copies if necessary.

Return completed application and supplemental forms / pages by **June 15** 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: 6333_____61 6631 HL1233_____ 01 712050 |
| In the amount of: |
| Signature |
| Date |

# CONTINUING EDUCATION GRANT LIST OF ATTENDEES

*** Note - If applying for EVOC provider training grants, please verify with the EVOC instructor that a course roster has been submitted to DEMST prior to submitting a grant application and list of attendees.**

| State EMS ID Number | First Name | Last Name | # of Days Attended |
|---|---|---|---|
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