

Continuing Education Grant Funding Application

Region 4 EMS has been awarded funding to assist EMS personnel serving EMS agencies within the borders of Region 4 with expenses for continuing education. The Region 4 Council has established the following policies and guidelines for awarding these funds:

Application for the grant funding must be made to the Region 4 EMS office prior to the educational event. Applications will be reviewed for approval at regularly scheduled Region 4 EMS Council meetings. Application for funding assistance must be made on this form as approved by the Region 4 EMS Council. Applicant must be a licensed ambulance service or a certified EMS Technician affiliated with a licensed ambulance service with the 12 counties of Region 4. The EMS Administrator of the affiliated service must sign the verification line on the approved form. This funding will be used for continuing education classes; workshops and applicable textbooks only. A copy of the certificate of attendance or other document showing course completion must be submitted to the Region 4 office within 30 days after the scheduled course date or full refund of grant funds will be requested. Grant recipients who do not complete the educational activity for which they were awarded this grant funding will be required to refund the grant amount, in full, to Region 4 within 30 days of the scheduled event. Extenuating personal circumstances that prohibit course completion will be considered by the Region 4 Executive Board.

Name [ ] Certification # [ ]

PRINT CLEARLY

Address [ ] County [ ]

City, State, Zip [ ]

Legibly PRINT your e-mail address: [ ]

Service Affiliation: [ ]

Service Director Signature [ ] Date [ ]
Service Director Printed Name [ ]

By the signature above, I verify that the applicant listed on this form is a member of my agency's attendant's roster and is in good standing with my agency.

Applicant's Signature [ ] Date [ ]

By the signature above, I agree that I have read and understand the guidelines for this grant funding as printed above.

FUNDING REQUEST

Date of Educational Event: [ ] Cost: [ ]

Course Name: [ ] Location: [ ]

Course Sponsoring Agency: [ ]

Number of EMS Continuing Education Hours to be awarded: [ ]

This funding request is for: (circle applicable) Full Tuition and Books Tuition Only Textbooks only

Please attach a copy of the course registration form to this application.

Office use only:

Date Received [ ] Date paid [ ]
Date approved [ ] Check # [ ]
Receipt ? [ ]
Forfeited grant refund requested [ ]
Forfeited grant funding returned \$ [ ]
Referred to collection agent [ ] date [ ]