CONTINUING EDUCATION GRANT APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 54436 (4/2016)

Division of Emergency Medical Systems (DEMS) administers grants to foster EMS continuing education and development of a state-wide EMS system. To decrease the expense placed on EMS agencies, DEMS will award grants 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 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 Academy Training ($300 / person)
☐ Two day conference ($120 / person)	☐ Local EMS agency training * ($7.50 / hour / person)
☐ Three day conference ($180 / person)	

* Local EMS agency training includes nationally recognized courses (hours based on the recommended number of hours for the course). 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.

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

Deadline: June 30 each year State fiscal year July 1 - June 30	**DEMS USE ONLY**
North Dakota Department of Health **Division of Emergency Medical Systems** **1720 Burlington Dr** **Bismarck, ND 58504**	Approved for Payment: 6333_____6 6631 HL1233_____ 01 712050
	In the amount of:
	Signature
Telephone 701.328.2388; Fax 701.328.0357	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 DEMS prior to submitting a grant application and list of attendees.**

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