EMS AGENCY TRAINING GRANT APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 59307(4/2016)

EMS Entity	Entity Ownership

hereinafter called the EMS Entity, has or will meet the Division of Emergency Medical System's requirements pertaining to the EMS Agency Training Grant Application policy. One grant is allowed per EMS entity per fiscal year.

The EMS Entity requests the following grant from the EMS Recertification / Continuing Education Training Grant Fund (please check only one):

Ambulance Service:

- ☐ Volunteers and three or less paid personnel = $2,000
- ☐ Volunteers and four to five paid personnel = $1,000
- ☐ Volunteers and six or more paid personnel = $500

QRU Service:

- ☐ Volunteers and three or less paid personnel = $1,500
- ☐ Volunteers and four to five paid personnel = $1,000
- ☐ Volunteers and six or more paid personnel = $500

I certify that the above named EMS Entity has met the requirements contained in the EMS Agency Training Grant Policy.

Print Name	Title	
Street Address / PO Box Number		
City	State	Zip Code
Home Telephone Number	Work Telephone Number	
Signature		Date

Deadline: June 30 each year
State fiscal year July 1 - June 30

North Dakota Department of Health
Division of Emergency Medical Systems
1720 Burlington Dr
Bismarck, ND 58504

Telephone 701.328.2388; Fax 701.328.0357

DEMST USE ONLY

Approved for Payment: 6333_____6 6631 HL1233_____ 01 712050
In the amount of:
Signature
Date