

The EMT Education Fund is intended to help small Oregon communities support the education and certification of Emergency Medical Technicians and First Responders.

EMT

If you are interested in applying for monies from the EMT Education Fund, please complete the sections (a, b or c) that best describe your need. When finished, return this application, plus the Education Service Provider Agreement and Organization personnel list to:



Northeast Oregon AHEC, Eastern Oregon University
One University Blvd., La Grande, OR 97850 541-962-3800 Fax 541-962-3416

This is the last award cycle for SB911 monies as the legislature has NOT renewed these funds. This award is going out only because there were agencies which overestimated their need and then did not use their monies. **Please try to be realistic so that you don't limit funds for someone else.** The deadline for this application is **December 1, 2007.**

Organization Name: _____

Mailing Address: _____

Contact Person for this application: _____

Title of Contact Person: _____

Daytime phone: _____ Evening phone: _____ Fax #: _____

Email address: _____ Date this application completed: _____

Does your organization meet all of the following requirements for receiving funding?

1. Responds to emergency medical needs of the general public; and
2. Serves a "rural" area, at least 10 miles or more from a population center of at least 30,000; and
3. Is affiliated with a 911 system or other Public Service Answering Point (PSAP).

YES ___ NO ___ If your answer is "no," please do not complete this application.

A Request for Funds to Educate and Certify New Basic and/or Intermediate EMTs

Please describe how these funds will be used to stabilize the EMS services offered by your organization:

Does your agency have a recruitment and/or retention plan? **Yes ___ No ___** Please attach.

Will this training involve personnel from more than one emergency service in your region?

Yes ___ No ___ If yes, please explain: _____

(Please note that each agency in a class must complete their own application.)

Approximately how many miles will your students travel to the class? _____ round trip miles.

How many miles to your community college campus? _____ round trip miles.

Total per person cost of the education: \$ _____ Number of students: _____

(please include tuition, course and lab fees, books and testing fees)

Total funds requested for certification education: \$ _____

(per person cost multiplied by number of students)

B. Request for Funds to Provide Continuing Education to Basic and Intermediate EMTs:

Please describe how this education will stabilize the EMS services offered by your organization:

Does your agency have a recruitment and/or retention plan? **Yes** ____ **No** ____ Please attach.

Describe the continuing education offered by providing the following detail:

Class Topic	Location	Date	Hours in Class	Instructor	# of your students

Will this training involve personnel from more than one emergency service in your region?

Yes ____ **No** ____ If yes, please explain: _____

(Please note that each agency in a class must complete their own application.)

Approximately how many miles will your students travel to the class? _____ round trip miles.

How many miles to your community college campus? _____ round trip miles.

Total per person cost of the education: \$ _____ Number of students: _____

Total funds requested for continuing education: \$ _____

(per person cost multiplied by number of students)

C. Request for Funds to Educate New First Responders:

Please describe how these funds will be used to stabilize the EMS services offered by your organization:

Does your agency have a recruitment and/or retention plan? **Yes** ____ **No** ____ Please attach.

Do you have an employee whose responsibilities include providing this education? **Yes** ____ **No** ____

If yes, please explain: _____

Will this training involve personnel from more than one emergency service in your region?

Yes ____ **No** ____ If yes, please explain: _____

(Please note that each agency in a class must complete their own application.)

Approximately how many miles will your students travel to the class? _____ round trip miles.

How many miles to your community college campus? _____ round trip miles.

Total per person cost of the education: \$ _____ Number of students: _____

Total funds requested for First Responder education: \$ _____

(per person cost multiplied by number of students)

Please read, sign at end and send with your application:

Deadlines

Applications must be **in the NEOAHEC office by December 1, 2007**. Postmarks do not matter.

Extension of Deadlines

There will be no extension of deadlines. Please make sure your application is sent to us in enough time that we can mail it back if it is incomplete.

Faxed Applications

Faxed applications are welcome as long as they are written in ink or typed. Just in case your application does not come through clearly, please mail it immediately after you fax a copy to us. The fax number is 541-962-3416.

Equipment

Educational equipment is defined as any durable good which can be used more than once. Such equipment is not covered under these EMT Education Funds.

Group Classes

Your organization might want to sponsor a class for a group of agencies in your region. This is strongly encouraged, but please make sure each participating agency submits their own request for their students to attend the class.

The underlying "values" for these funds are (1) they will encourage regional classes AND (2) the education "buyer to be in the driver's seat" by deciding where they want to purchase that education. Therefore, the purchaser needs to request the funds.

Individual Applications

Applications will only be accepted from an EMS agency. The purpose of this arrangement is to assure an increase in the number of publically responding EMTs in rural parts of Oregon.

Payments

How are you paid for a class? Usually the Education Service Provider is paid based on the information provided in the Education Service Provider Agreement. The Education Service provider has students sign a roster and that roster is submitted, with an invoice, to NEOAHEC. The rosters and invoices are provided at www.eou.edu/neoahec/emtforms.html

Pre-requisites

The funds do not cover the expenses associated with the pre-requisites required to register for a class. The students and/or the emergency agencies must pay for the CPR classes, any course work and any immunizations which are required for a class.

Priorities

Funds are awarded to those agencies which meet the criteria of (1) responding to the needs of the general public; (2) are more than 10 miles from a population center of at least 30,000 and (3) are affiliated with the 911 system or other Public Service Answering Point (PSAP). If more funds are requested than monies available, then funds are provided first to regional educational efforts involving those agencies which are the most distant from education classes and which are primarily volunteer.

Regional Classes

One purpose for these funds is to encourage regional education for the purpose of utilizing economies of scale in education. The review committee recognizes this is not always possible but takes that into consideration when allocating priority points for regional classes.

Qualifications

We are frequently asked who can apply for the education funds. Any agency (not an individual) which (1) responds to the needs of the general public; (2) are more than 10 miles from a population center of at least 30,000 and (3) are affiliated with the 911 system or other Public Service Answering Point.

Recruitment and Retention Plans

Some of you folks are doing a great job with recruitment and retention and we are therefore asking you to share your plans with us. We may come back and ask if we can share them with others. Do you want a sample plan? If so, check here [9](#) and we will send a sample plan to you by February 1.

Retroactive Payment for Classes

There is no retroactive payment for classes.

Signatures

Who signs the Education Service Provider Agreement (Form 3)?

- # Print the name of the contact person for the emergency agency on the first blank line under the section Designation of People Contacts.
- # Print the name of the contact person for the Education Service Provider on the next blank line (this might be the community college coordinator, OR the class instructor within your agency or whichever agency is offering the education, OR the contact person for a conference).
- # In the signatures section, each of those contact people are probably the appropriate people to sign the form. **Your emergency agency contact completes the left hand side of the signing section and the education provider signs and completes the right hand side of that section. Please call 541-962-3899 if this does not seem to fit the form you are reading.**

Who Decides on Awards

A statewide review committee makes recommendations for the awards and directs NEOAHEC staff to collect more information as necessary. Their recommendations have always been accepted to date, but the Deputy Director of the statewide AHEC (Area Health Education Center program) at Oregon Health and Sciences University reserves the right to fine tune those recommendations.

The statewide review committee is made up of one community college representative, one AHEC representative, one Oregon EMS Section representative, one Office of Rural Health Representative and four rural emergency medical service agency representatives. The representatives stay on for at least four funding cycles. Preference is always given to having rural and isolated representatives for the four rural slots.

I have read the material above and have called with any questions. I will honor the intent of this grant and I will provide you with the materials you have requested in this application to the best of my ability.

Applicant Signature

Date

Please return this material with Forms 2 and 3 of the application. We are sorry that this is now so long but we don't have enough staff to answer all questions and to handle all requests for special treatment. We know you have the same problem and that you can therefore understand.