

**Submit this completed form to the training agency where you took your course.**

| <b>SECTION A – Eligibility</b> Provide the information requested to determine if you are eligible for reimbursement. |                                 |                                |
|--|---------------------------------|--------------------------------|
| Are you licensed as an EMR, EMT, AEMT, or Paramedic in the State of Nebraska?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| If yes, provide your license number:   |                                 |                                |
| Are you on the roster of an emergency medical service licensed in the State of Nebraska:                             | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| If yes, provide the name and license number of the service:  |                                 |                                |

**IF YOU ANSWERED YES TO BOTH QUESTIONS IN SECTION A,  
 COMPLETE SECTION B. IF YOU HAVE ANSWERED NO TO EITHER  
 QUESTION, YOU ARE NOT ELIGIBLE FOR REIMBURSEMENT.**

| <b>SECTION B – Information for Training Agency</b> |
|--|
| Student Name:                                      |
| Course Name:                                       |
| Course Location:                                   |
| Course Completion Date:                            |

**Submit this request to your training agency as soon as possible after your course completion date as the funds available through this program are limited and will be distributed on a first come first served basis until they are exhausted.**