



# Emergency Medical Services Additional Skills Module Reimbursement Request

Complete this form, scan, & send it with the required documentation within **30** days of course completion to:  
[wendy.snodgrass@nebraska.gov](mailto:wendy.snodgrass@nebraska.gov) OR you may mail it to: Nebraska Department of Health & Human Services  
 EMS & Trauma Program P. O. Box 95026 Lincoln, NE 68509-5026

**Only one class per reimbursement request**

<i>Number of Students:</i>	<i>6-12</i>	<i>13-18</i>	<i>19+</i>
a. EMR - Aspirin & Epinephrine Administration	\$120.00	\$180.00	\$240.00
b. EMR - Patient Transport	\$500.00	\$750.00	\$1,000.00
c. EMR - Patient Transport Devices	\$200.00	\$300.00	\$400.00
d. EMR - Spinal & Extremity Immobilization	\$200.00	\$300.00	\$400.00
e. EMT - Glucometer	\$120.00	\$180.00	\$240.00
f. EMT - Peripheral Intravenous Access & Monitoring	\$1,000.00	\$1,500.00	\$2,000.00
g. EMT - Intravenous Fluid Monitoring	\$140.00	\$210.00	\$280.00
h. EMT - Impedance Threshold Device	\$100.00	\$150.00	\$200.00
i. EMT - Non-Visualized Advanced Airway	\$280.00	\$420.00	\$560.00
j. EMT - Albuterol & Epinephrine Administration	\$120.00	\$180.00	\$240.00

<b>What date(s) and times was the course held?</b>
<b>Who was the primary course instructor?</b>
<b>Total reimbursement funds requested:</b> <span style="float: right;">\$ _____</span>

<b>SECTION B</b>
Training Agency:
Your signature below is requesting tuition reimbursement for the EMR or EMT Additional Skills Module. With this form, you must include a copy of the course roster with each licensed provider's name, service, and final grade. The roster must also contain the Training Agency's name, Instructor's name, the course title, and course completion date. The EMS/Trauma Program reserves the right to deny payment based on funding and/or requirements. Typing your name below constitutes a legal electronic signature.
Training Agency Director Signature:
Phone Number: <span style="margin-left: 200px;">e-mail:</span>

<b>For DHHS use only.</b>		
<i>Date Reimbursement received:</i>	<i>Amount approved to be paid:</i>	
<i>Approved to be paid by:</i>	<i>Date Approved:</i>	<i>Within 30 days:</i>
<i>Comments:</i>		