



Emergency Medical Services Initial Education Course Reimbursement Request

Division of Public Health

Complete this form, scan, & send it with the required documentation, within **180** days of course completion, to:

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

SECTION A

Are you licensed as an out-of-hospital emergency care provider in the State of Nebraska at the level that you are requesting reimbursement for?					YES	NO
Are you on the official roster of an emergency medical service that is licensed AND physically located in the State of Nebraska? (will verified at http://dhhs.ne.gov/publichealth/Documents/EMS_Roster.pdf)					YES	NO
IF YOU HAVE ANSWERED YES TO BOTH OF THE QUESTIONS ABOVE, CONTINUE BELOW. IF YOU HAVE ANSWERED NO TO EITHER QUESTION IN SECTION ABOVE, YOU ARE NOT ELIGIBLE FOR REIMBURSEMENT.						
What is your Nebraska out-of-hospital emergency care provider license number?						
What level is your license?	EMR	EMT	AEMT	Paramedic		
What is your service's name?				What is your service's license number?		
Signature of officer on service:				Officer from service, who is reimbursed?		
				Student	Service	

SECTION B

Your Name:						
Your Phone Number:			Your e-mail:			
What course did you complete?	EMR	EMT	AEMT	Paramedic		
	EMR to EMT BRIDGE		Nurse to EMT BRIDGE			
What training agency offered your course?						
Course Location:			Date of Course Completion:			
Signature of student:						

With this form, you must include copies of (NOTE: The W-9/ACH forms are filled out by who is being reimbursed student or service):

- A copy of Course Completion Certificate issued by training agency
- A copy of your National Registry of Emergency Medical Technicians (NREMT) certification.
- The attached W-9/ACH form.

For DHHS use only.		
Date application received:		Amount approved to be paid:
License Verified:	Service Roster Verified:	Within 180 days:
Approved to be paid by:		Date approved:
Comments:		