

EMS Tuition Reimbursement Program Instruction

The Nebraska Legislature has set aside money to reimburse EMS providers and services for EMS education.

ELIGIBILITY

In order for an individual to be eligible for reimbursement for an INITIAL or a REINSTATEMENT course, they must hold an active (not temporary) Nebraska EMS license at the level that they are requesting reimbursement for.

Providers requesting INITIAL course reimbursement for the EMR to EMT Bridge, must have been a Nebraska licensed EMR during the course and at the time that they were granted an EMT license. Providers requesting INITIAL course reimbursement for the "Nurse Bridge" courses must have been a Nebraska licensed practical nurse or registered nurse during the course and at the time they were granted an EMS license.

REINSTATEMENT requests are only for those persons that previously held a Nebraska EMS provider license at the level that they reinstated and are requesting reimbursement. Providers that were not expired/lapsed during their refresher course are NOT eligible for reimbursement.

INITIAL and REINSTATEMENT reimbursement payments are tiered according to the number of days between course completion date and the date a completed LICENSE application is received by the Department. Consideration may be given if a delay in licensing is caused due to the background check process. See table below for reimbursement amounts. Requests for reimbursement must be submitted within one (1) calendar year of course completion.

Reimbursement funds are limited and will be paid on a first come, first served basis. The Office of Emergency Health Systems reserves the right to reimburse less than or deny reimbursement based on funding limitations. OEHS reserves the right to ask for proof of payment for initial or reinstatement tuition fees. Reimbursement amount will not exceed total tuition fee.

REQUESTING REIMBURSEMENT

Requests for INITIAL or REINSTATEMENT reimbursement must be on the request form. **Submit a copy of the course completion certificate from the training agency.** The completed form and supporting documentation must be sent as an attachment to the email address noted on the form. Please include the student's name in the email subject line.

Requests will not be accepted if mailed, faxed, or emailed to OEHS staff.

A W-9/ACH form and copy of a blank or voided check or bank letter must be completed by the student if the student is being reimbursed or by the agency if the agency is being reimbursed. **Incomplete reimbursements will not be processed until completed and may be denied if documentation is not received.**

Email completed form with the required documentation or questions to: dhhs.sp.EHSContinuingED@nebraska.gov

EMS REIMBURSEMENT AMOUNTS

INITIAL EDUCATION COURSES (amounts are per eligible provider)

Course Completion to Request Date	Within 60 Days	61-120 Days	121-180 Days	181-365 Days
Emergency Medical Responder (EMR) Course	\$335.00	\$285.00	\$240.00	\$95.00
Emergency Medical Technician (EMT) Course	\$775.00	\$665.00	\$555.00	\$220.00
Advanced Emergency Medical Technician (AEMT) Course	\$1,260.00	\$1,075.00	\$900.00	\$360.00
Paramedic Course	\$5,100.00	\$4,375.00	\$3,600.00	\$1,500.00
Pre-Hospital Emergency Care Course Nurse to EMT Bridge Course	\$615.00	\$525.00	\$440.00	\$175.00
Pre-Hospital Emergency Care Course Nurse to Paramedic Bridge Course	\$2,445.00	\$2,100.00	\$1,745.00	\$700.00
EMR to EMT Bridge Course	\$580.00	\$500.00	\$415.00	\$165.00
EMT to AEMT Bridge Course	\$700.00	\$600.00	\$500.00	\$200.00

REINSTATEMENT COURSES (amounts are per eligible provider)

Course Completion to Request Date	Within 60 Days	61-120 Days	121-180 Days	181-270 Days
Emergency Medical Responder Refresher Course	\$115.00	\$100.00	\$80.00	\$30.00
Emergency Medical Technician Refresher Course	\$150.00	\$130.00	\$110.00	\$45.00
Advanced Emergency Medical Technician Refresher Course	\$210.00	\$180.00	\$150.00	\$60.00
Paramedic Refresher Course	\$220.00	\$190.00	\$160.00	\$65.00



Office of Emergency Health Systems Initial Education Course / Licensure Reinstatement Refresher Reimbursement Request

Reimbursement Requirements

PLEASE FILL OUT FORMS ELECTRONICALLY. With this form, you **MUST** include copies of (NOTE: The W-9/ACH forms are filled out by the student or service who is being reimbursed):

- A copy of Course Completion Certificate issued by training agency
- Completed W-9/ACH form **AND** a copy of a blank or voided check or bank letter. [ACH form link](#)

SECTION A

Are you licensed as a State of Nebraska out-of-hospital emergency care provider at the level that you are requesting reimbursement for? ☐ YES ☐ NO

IF YOU ANSWERED YES TO THE QUESTION ABOVE, CONTINUE BELOW. IF YOU ANSWERED NO, YOU ARE NOT ELIGIBLE FOR REIMBURSEMENT.

Student Name:

Nebraska EMS License #:

Student Phone Number:

Student Email:

What course did you complete?

☐ EMR

☐ EMT

☐ AEMT

☐ Paramedic

☐ EMR to EMT BRIDGE

☐ EMT to AEMT BRIDGE

☐ Nurse to EMT BRIDGE

☐ Nurse to Paramedic BRIDGE

Please mark:

☐ Initial

☐ Refresher (Reinstatement Only)

What training agency offered your course?

Course Location:

Date of Course Completion:

SECTION B

EMS Agency Name or Employer:

Signature of person or agency being reimbursed:

Reimbursement to go to:

☐ Student

☐ Agency

Email completed form with the required documentation to: dhhs.sp.EHSContinuingED@nebraska.gov

For DHHS use only

Date Application Received:

License Verified:

Service Roster Verified:

Within # of Days:

Amount approved to be paid:

Approved By:

Date Approved:

On Base Enter Date:

Requestor #:

AB#:

Comments: