

Nebraska EMS Specialty Course Continuing Education Tuition Guidelines

Applications for specialty course reimbursement funds should be submitted at least 14 days in advance of the course.

The Office of Emergency Health Systems may fund courses for Emergency Medical Service Providers based on available continuing education funds.

Please note the following requirements:

Eligibility for specialty class funding

1. The Office of Emergency Health Systems reserves the right to reimburse less than or deny reimbursement based on funding limitations.
2. EMS Services or individual providers may apply for reimbursement.
3. The specialty course application form is not to be used for regular continuing education classes, initial licensing classes such as EMR, EMT, AEMT, or Paramedic. There is a separate reimbursement program that may cover some of these classes.
4. The specialty course application form is not to be used for refreshers or run reviews.

How much and what do the grants fund?

5. Examples of specialty EMS courses include but not limited to: PHTLS, AMLS, PALS, ACLS, IV Access.
6. The specialty course must be in the subject matter of an initial pre-hospital provider course.
7. Out-of-state specialty courses or conferences are not eligible.
8. The OEHS may deny requests not considered a specialty course or not submitted in a timely manner to ensure approval.
9. Specialty course requests may be reimbursed up to \$180.00 per course, per provider.
10. Reimbursement amount not to exceed the cost of the course.
11. Reimbursement funds cannot be used for the cost of course book(s) or supplies.

What additional documentation will be needed or are there any additional requirements?

12. The request invoice, roster or course completion certificate, and payment invoice *MUST* be returned to the OEHS reimbursement request email address within 30 days of completion of the course. Failure to comply *WILL* result in non-payment.
13. By applying for and accepting grant funds, you understand that the reimbursement is to be for the course originally requested and reimbursement amount approved.
14. The ACH form must be completed by the person or entity applying for the reimbursement. A copy of a blank or voided check or letter from financial institution must be submitted with the ACH form.

Applying for funds.

15. Applications should be submitted no later than **14 days before the course date** to ensure time for approval.
16. The request will be reimbursed upon successful completion and return of all required documentation.

**Send the completed form and required documentation to
dhhs.sp.EHSContinuingED@nebraska.gov.**

Please contact Wendy Snodgrass (wendy.snodgrass@nebraska.gov, 402-873-5082) with any questions.

Grant Funds Application Form/Invoice For Reimbursement Specialty Course Continuing Education

*Recommended to be submitted at least 14 days before course date.
Please fill out electronically.*

Applicant Information	
Applicant Name:	
Contact Name:	
Contact Phone:	
Contact Email:	
Class Information	
Course Title:	
Course Objective:	
Course Date:	
Total Contact Hours:	
City/Town of Course:	
Requested Budget Information	
Total Cost of Course	\$
# of Attendees	
Total Reimbursement Request:	\$
Payment Issued To:	
Amount Approved not to exceed (DHHS Only):	\$
Program Approval (DHHS Only):	
Administrator Approval (DHHS Only):	
Upon Class Completion – RETURN WITHIN 30 DAYS	
Applicant Signature:	
Course Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Approved (DHHS Only):	\$
Approved By (DHHS Only):	
AB Number (DHHS Only):	
OnBase Number (DHHS Only):	
Receive Date (DHHS Only):	
Payment Date (DHHS Only):	



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Revised 1/29/2021

STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following boxes:

- Individual Sole proprietor C Corporation S Corporation Partnership Trust/Estate
- Non-Profit Entity Government (Local, State or Federal)
- Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) _____
- Other (see instructions) _____

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

5 Address: _____ Remit Address (if different): _____

6 City, state, and ZIP code _____ City, state, and ZIP code _____

Taxpayer Identification Number (TIN):

Social Security Number (SSN): _____ **OR** Employer Identification Number (EIN): _____

Certification:

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding due to failure to report interest and dividend income, and
- 3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: _____ Date: _____

Printed Name: _____ Contact Phone: _____

Comments or Business/Entity Notes: _____

ACH Enrollment: Initial Setup Change Close Account

This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here: _____

E-mail: _____
(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	Attachment Required! (Select and attach one of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check
Date:	<input type="checkbox"/> Letter from your financial institution
	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

Internal Use Only: