



Office of Emergency Health Systems, Trauma Program

Form used to request trauma-related classes

Date completed: _____

Contractor Information

Contractor / Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Requestor: _____ Requestor Phone: _____

Requestor Email Address: _____ Federal Tax ID: _____

Authorized Contract Signature: _____ Title: _____

Authorized Contract Email: _____

Contract Information

List the topic/class you are interested in as well all pertinent information below. **List only 1 class per form.**

Topic(s): _____

Date(s) of Class: _____ Number CE Hours: _____

Expenses

Number of Students Attending: _____ Tuition/Fees per Student: \$ _____

Total Amount Requested: \$ _____

EHS and Trauma Program Staff ONLY

Request Approved: Yes No Amount Approved: \$ _____

Funding Source: _____ Term of Contract: _____ to _____

Approvers Comments:

Approved by: _____ Date: _____

Contract #: _____ NIS Book #: _____

Once the form is completed, please email it to Sherri Wren at sherri.wren@nebraska.gov