**Application for Initial NREMT Testing Voucher Program**

***To be completed by EMS Service or course SEI***

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| **Request and Application Contact Information** |
| Level of initial EMS test voucher(s) requested (EMR, EMT, AEMT):  |
| Number of voucher(s) requested:  |
| **Requestors Information:**  | Name:Title:  | Phone Number: Email:  |
| Name of individual(s) using voucher(s): |

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| **Course Information** |
| Course credential number:(Example: TRNG.ES.XXXXXX-Course) |   |
| Course number:(Example: I17-XX-XXX) |   |
| Estimated course completion date: |   |
| **Course SEI** | Name: Phone/Email:  |

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| **General Questions** |
| Who paid for course fee?[ ]  EMS Service [ ]  Individual [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Who is responsible for the exam fee?[ ]  EMS Service [ ]  Individual [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If fees are paid by the individual** | Is reimbursement available to the individual for course fees?[ ]  Yes [ ]  No | Is reimbursement available to the individual for exam fees?[ ]  Yes [ ]  No |
| How many volunteers or volunteer candidates does your EMS service currently have enrolled in the above course? |

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| **EMS Service Affiliation Information**  |
| EMS Service Name:  | Phone Number:  |
| Legacy # or FDID:  | Email:  |
| **Based on the last EMS Service Licensure Application:** | What is your EMS service staffing model? | [ ]  Paid [ ]  Volunteer [ ]  Combination |
| Is the EMS service using non-medically trained drivers? | [ ]  Yes [ ]  No |
| Is the EMS service using Advanced First Aid (AFA) personnel? | [ ]  Yes [ ]  No |

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| **Attestation of Information** |
|  [ ]  I hereby affirm and declare that the information provided on this application is true and correct. |