**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. |