Thank you for your interest in the EMS Scholarship program. This program is intended to assist agencies in obtaining trained personnel. The scholarship program is good for any Emergency Medical Responder (EMR) or Emergency Medical Technician (EMT) Program. There is also reimbursement available for the National Registry written exam, up to two attempts.

This program is only available to recognized/licensed agencies within the EMMCO West Region. All participants must be at least 16 years old, have a permanent residence in the EMMCO West region, be a member/employee of a recognized/licensed agency and agree to stay with the agency for a minimum of a year. All students must complete the Pre-enrollment EMS Scholarship Contract.

All agencies are required to complete the following forms: EW-1:2; Cost Report/Reimbursement Request; Final Project Submission; EMS Agency Subcontract Agreement EMS Scholarship Program and Examination Reimbursement Program. Agencies are required to show proof of payment to the training institute for reimbursement.

All paperwork must be submitted no later than May 15, 2016. Partial packets will not receive reimbursement.

Frequently asked questions:

1. What if I am not affiliated with an agency, can I apply as an individual?
   a. No, this program is only for recognized/licensed agencies. We are unable to reimburse individuals.

2. What if I am not taking my National Registry written exam before May 15, 2016?
   a. A voucher can be purchased on the National Registry website [www.nremt.org](http://www.nremt.org) which is good for a year from purchase.

3. Will the scholarship cover the book for the class?
   a. No, this is limited to just the tuition for the class.

4. Am I able to get reimbursed for the extra costs not included in tuition (ie: lab fees)
   a. No, this is strictly for the tuition.

If you have any further questions regarding the EMS Scholarship program, please contact Trish Parker at trish@emmco.org or by phone 814-337-5380.
EMMCO West, Inc.
EMS Scholarship Initiative
FY 15 – 16

Purpose:

EMS agencies, paid and volunteer, are experiencing manpower shortages for qualified / certified EMS personnel. Tuition fees and course costs for basic and advanced training programs continue to increase. Recruiting new personnel to the EMS profession is becoming increasing challenging with the upfront cost barriers.

Authorized through the PA Department of Health, Bureau of EMS, Prehospital Provider Equipment (EMSOF) process, the EMMCO West region is proposing implementing an EMS scholarship program. PA Department of Health licensed or recognized EMS agencies will be able to participate in the scholarship program.

The scholarship program will reimburse EMS agencies the tuition costs (up to $500) of new EMS basic level students enrolled in a PA Department of Health Accredited EMR or EMT educational program. Written examination fees for up to (2) attempts at the basic level written certification testing (EMR or EMT) will also be able to be reimbursed to EMS agencies for each qualified candidate.

Process:

The EMS Scholarship program is a reimbursement program. EMS agencies will enter into a sub-contract with EMMCO West to reimburse their EMS agency for individual student tuition costs for an EMR or EMT course and up to two attempts at the State written certification examination fees.

EMS Scholarships will be available from **July 1, 2015 through May 15, 2016**. Scholarships will be awarded on a first come basis. All reimbursements requests must be finalized prior to **May 15, 2016**. No additional examination fees or tuition cost reimbursements will be processed with an EMS agency after **May 16, 2016**.

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Suite 101, 16271 Conneaut Lake Road, Meadville, PA 16335
814-337-5380  814-337-0871 (FAX)  www.emmco.org_mail@emmco.org
Scholarship Recipient – will be responsible for......

- seeking employment or volunteer status with a recognized or licensed PA Department of Health EMS agency
- completion of EMS scholarship documentation forms for enrollment into a basic level EMS educational course (EMR or EMT)
- enrolled in either an EMR or EMT course at a PA Department of Health accredited EMS educational institute (between July 1, 2015 and May 15, 2016)
- successful completion of the EMS educational course within the scholarship award
- adhere to contractual stipulations of the scholarship program during and following the educational program
- participate in the State practical and written certification examinations within the scholarship period
- participation in post scholarship program quality assessments

Exclusions – Not reimbursed through the scholarship program

- Advanced Life Support (ALS) courses
- Textbooks and/or lab materials not a part of the program tuition fee/cost
- Immunizations or clearances for field or clinical practicums
- Any program costs not directly associated with the course tuition cost

Scholarship Recipient Requisites:

To be eligible to participate in the EMMCO West EMS Scholarship program, a candidate shall –

- minimum age of 16 at the time of filing an application
- has a permanent residence located within the EMMCO West region
- member/employee of a recognized or licensed PA Department of Health EMS agency
- signed scholarship application and acceptance into a basic level EMR or EMT course held at a PA Department of Health Accredited Educational Institute
- signature of parent or guardian if under 18 years of age

Candidate name: ________________________________________________________________

Email address: ________________________________________________________________

Phone number: ____________________________ Home Cell Work (Circle one)

Agency affiliation: ___________________________________________________________

Agency contact person: _______________________________________________________

Agency email address: _______________________________________________________

Phone number: ____________________________ Service Cell Work Home (Circle one)
(Pre-Enrollment) EMS SCHOLARSHIP CONTRACT

I ________________________________, understand that I am entering into a written agreement with __________________________ (EMS agency). The purpose of this agreement is to award me with a scholarship of up to $500 toward a basic life support (BLS) level educational program (EMR or EMT). And to provide me with the opportunity to take two (2) attempts at successful completion of the State certification BLS written exam.

The (EMS agency) will pay for the initial tuition costs of the BLS course and written examination costs. EMMCO West, Inc. will reimburse the (EMS agency) for these expenses. By receiving this scholarship, I agree to the following terms:

1. I am a member, volunteer, prospective employee, employee of a licensed or recognized PA Department of Health EMS agency.
2. I am 16 years of age at the time of signing this contract (Parent/guardian < 18 y/o).
3. I have a permanent residence within the EMMCO West region.
4. I will enroll and finish a basic level EMS educational course (EMR or EMT) within the scholarship timeframe of July 1, 2015 – May 15, 2016.
5. Based on my academic status at the end of the course, I will participate in both the State practical and written examinations.
6. Upon successful BLS course completion and State certification as an EMS provider, I will remain involved with the EMS agency* for a minimum of one year from my enrollment into the BLS educational program. * This is subject to the EMS agency’s human resource management policies and standard operating procedures.
7. Should I not complete the BLS educational course and certification requirements and/or not remain involved with the EMS agency, I will provide the EMS agency with a full reimbursement of the tuition costs that were incurred.

By signing this scholarship contract, I am agreeing to the aforementioned terms. This is considered to be a fair and binding agreement between myself and the EMS agency. I understand and agree to all of the terms of the contract and will adamantly work to adhere to these terms.

______________________________ Date
Scholarship applicant (plus Parent/guardian if under 18 y/o)

______________________________ Date
EMS agency representative & EMS agency name

______________________________ Date
EMMCO West representative

_____ Approved ______ Denied Date

Tuition reimbursement submitted by EMS Agency Date

Certification exam reimbursement by EMS Agency Date

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Suite 101, 16271 Conneaut Lake Road, Meadville, PA 16335
814-337-5380 814-337-0871 (FAX) www.emmco.org mail@emmco.org
EMSOF REIMBURSEMENT PROCESS
EMS Scholarship Project & Examination Program

Reimbursement is NOT automatic. Reimbursement requests must be on the forms provided by EMMCO-West, Inc.

Reimbursement will be made providing the request for reimbursement has been received with all necessary documentation, invoices, & check/s or money order/s of incurred and approved expenses.

Final reimbursement must be submitted no later than May 15, 2016. Should additional time be needed to complete the project a request must be made in writing and approval must be given in writing prior to May 1, 2016.

The EMS Scholarship project is for any student enrolled in an EMR or EMT course taken in the EMMCO West region, at a PA DOH Accredited Training Institute. The project eligibility is from July 1, 2015 – May 15, 2016 and includes course completion and certification testing.

FORMS REQUIRED FOR ALL PROJECTS:

1. Cost Incurred Verification Statement: dated and,

2. Copies of invoices and checks correlated to relevant invoices; and

3. Cost Report / Reimbursement Request

4. EMS Scholarship Signed Contract

5. EMS Written Examination Reimbursement
EW-1: 2 CONDITIONS OF APPROVAL:

A. Properly completed requests for reimbursement must be submitted prior to May 15, 2016. This agreement may be canceled if these conditions are not met.
B. Signed agreement between EW and the EMS agency
C. Signed EMS Scholarship Contract between the Scholarship recipient, EMS Agency, & EMMCO West
D. Written Examination costs for NR testing of EMS agency personnel enrolled in an approved PA Department of Health Accredited Training Institute

Identification of Project Director:
The EMS Agency shall identify a project director for the EMS Scholarship or EMS Examination program. The following information shall be provided –

EMS Agency Name:______________________________
EMS Agency Project Director Name:______________________________
EMS Agency email address:______________________________
Daytime Project Director Phone #:__________

Mark projects that apply-
___ EMS Scholarship
___ Examination Project
___ Both Scholarship & Examination Projects

EMS Scholarship Project Justification – (EMS Agency identifies rationale for approval of this EMS scholarship, as it relates to supporting their EMS agency) Attach a separate sheet.

This project(s) has received the following endorsement from EMMCO-West, Inc. as indicated: [ ] Approval [ ] Disapproval

_________________________  _______________________
Executive Director                Date
Reason(s) for disapproval:
COST REPORT/REIMBURSEMENT REQUEST
EMMCO-WEST, INC.

EMS Agency: 

<table>
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<tr>
<th>Quantity</th>
<th>EMS Scholarship Recipient Or Written Exam Candidate</th>
<th>Tuition Cost Total</th>
<th>Exam Cost Total</th>
<th>Reimbursement Requested</th>
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Total: | $ | $ | $ |

Submit one (1) copy of this report with all documentation (e.g. "Tuition/Exam INVOICE & COPY OF CHECK/Money Order/Credit Card Statement" paid.

EMS Agency Project Director: 

Pg. ____ of ____ Date: ____________________
Final Project Submission Form

EMS agency Information: Name- __________________________
Address- __________________________
____________________________________
____________________________________
Email Address of EMS Agency
____________________________________

Re: EMS Subcontract:

I certify that the costs detailed in the attached documents are eligible for reimbursement.

I further certify that the attached costs were actually incurred by _________________ in carrying out the provisions of the project and that the costs incurred in securing these services were for the purposes of training Emergency Medical Services personnel.

Sincerely,

EMS Project Director

enclosures:
___ "Cost Report/Reimbursement Request"
___ Copies of invoices marked paid by vendor
EMS Agency Subcontract Agreement
EMS Scholarship Program

EMS Agency Name: _____________________________
EMS Agency Address: ___________________________

EMS Agency Project Director Name: _____________________________
EMS Agency Project Director Email: _____________________________
Daytime Contact Phone Number: (____) _________________________

The EMS Agency will be responsible for...
- advertising and recruiting new prospective EMS candidates
- Signing the EMS scholarship subcontract agreement with EMMCO West, Inc.
- completion of the subcontract agreement authorization, with project justification, prior to awarding EMS scholarships
- utilization of scholarship contract agreements between the EMS agency and the scholarship recipient
- payment of student tuition fee to the accredited EMS educational institute for the awardee
- payment of student examination fee to the NR testing site
- attaining subcontract agreement documentation required for reimbursement
- timely submission of subcontract agreement documentation for tuition fee and examination fee
- timely submission of final subcontract agreement documentation
- Submission of only eligible requests for reimbursements for the EMS Scholarship project. EMS Scholarships awardees that withdraw from the course, prior to submission of the EMS Scholarship award are not eligible for reimbursement

EMMCO West – will be responsible for.....
- provide subcontract agreements, on request, to licensed or recognized PA Department of Health EMS agencies
- review submitted subcontracts agreements and issue authorizations to eligible EMS agencies meeting the program parameters
- establish an accountability system to monitor subcontract compliance and the amount of scholarships awarded
- review submitted subcontract documentation for reimbursement for tuition and examination fees
- reimburse EMS agencies for each student awarded a scholarship up to $500 maximum tuition reimbursement
- reimburse EMS agencies for each BLS scholarship recipient up to two (2) written certification examination attempts, per PA Bulletin reimbursement fee schedule
- finalization of subcontracts prior to May 15, 2016

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(EMS agency) is entering into a subcontract with EMMCO West, Inc. for the purpose of participation in the EMS Scholarship Program. The EMS agency agrees to the provisions and expectations of the EMS Scholarship Program and subcontract reimbursement process.

Based on the available of funding provided by the PA Department of Health, pre-authorization of program expenditures, submission of authorized program documents, and the submission of documentation for the reimbursement of the EMS Scholarship program. Reimbursement requests will only be reimbursed to the EMS agency for candidates that have enrolled and completed the EMS educational course.

The EMS agency understands that it is responsible for the upfront payment of EMS tuition costs and written examination fees. Invoices marked (paid) and cancelled checks/money orders/credit card statements are required for EMMCO West to reimburse the EMS agency for these expenses. The EMS agency can submit for reimbursement throughout the EMS Scholarship program timeframe.

The EMS agency shall use the EMS Scholarship Contract for the EMS Scholarship Program. It shall follow and/or develop human resource policies and procedures to allow the EMS Scholarship recipient to become an employee, volunteer, and/or member of the organization, if they are not already a member, with this for purposes of participation in the program. The EMS agency shall review the status of the training program with the EMS Scholarship recipient. The EMS agency shall request any tuition funding to be returned to the EMS agency, should the EMS Scholarship candidate not fulfill his/her obligations under the EMS Scholarship Contract. The EMS agency can use the returned funding to support another EMS Scholarship candidate, if time permits within the project, or during another future project period.

EMMCO West will adhere to its responsibilities for the EMS Scholarship project, as they relate to the EMS agency.

As an official of the EMS Agency, I hereby agree to the terms of this agreement, by my signature and date of signing. Agreement is not valid without signature of all parties identified below:

______________________________  / / / ______
EMS Agency Official (Corporate)

______________________________  / / / ______
EMS Agency Project Director

______________________________  / / / ______
EMMCO West, Inc. Official

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EMS Agency Subcontract Agreement
Examination Reimbursement Program

EMS Agency Name: ____________________________________________
EMS Agency Address: __________________________________________

______________________________________________________________

EMS Agency Project Director Name: _________________________________
EMS Agency Project Director Email: _________________________________
Daytime Contact Phone Number: (____) ____________________________

The EMS Agency will be responsible for...
- identification of National Registry written examination candidates from their EMS agency
  - Paramedic
  - PHRN, PHP
  - EMR/EMT
- payment of examination fees to the NR examination site
- completion of reimbursement examination forms from 7/01/15 – 5/15/16
- submission of paid invoice, and cancelled check/money order/credit card statement
  with the reimbursement form

EMMCO West will –
- reimburse EMS agencies for each BLS scholarship recipient up to two (2) written
  certification examination attempts per PA Bulletin reimbursement fee schedule
- reimbursements to the following maximum costs:
  - Paramedic or PHRN $300.00 ($150.00 each exam)
  - EMT $140.00 ($70.00 each exam)
  - EMR $130.00 (65.00 each exam)
- reimbursement following review of submission documentation for examination costs
- finalization of subcontracts prior to May 15, 2016

As an official of the EMS Agency, I hereby agree to the terms of this agreement, by my
signature and date of signing. Agreement is not valid without signature of all parties
identified below-

______________________________________________________________  /  /  
EMS Agency Official

______________________________________________________________  /  /  
EMS Agency Project Director

______________________________________________________________  /  /  
EMMCO West, Inc. Official

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