



APPLICATION FOR EDUCATION REIMBURSEMENT (MINN. STAT. §144E.35)

VOLUNTEER AMBULANCE ATTENDANT

Name: \_\_\_\_\_ Minnesota Certificate Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

The above named individual must have served for one year from the date of the final certification exam as an active member of a Minnesota licensed ambulances. Applications received prior to the one year requirement will be held and verified eligible for payment promptly following the fulfillment of the one year requirement.

VOLUNTEER AMBULANCE SERVICE:

Name: \_\_\_\_\_ Minnesota License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

ELIGIBLE EDUCATION PROGRAM:

Education Program: \_\_\_\_\_ Course Location (City, State): \_\_\_\_\_

Lead Instructor: \_\_\_\_\_ Course Completion Date: \_\_\_\_\_

REIMBURSEMENT REQUESTED

Reimbursement amount sought: (X next to amount)

\_\_\_\_\_ \$600 for successful completion of an initial education course.

\_\_\_\_\_ \$275 for successful completion of an EMT refresher course.

I, \_\_\_\_\_, director of the aforementioned ambulance service, certify that \_\_\_\_\_ (student) has served as a volunteer for a period of \_\_\_\_\_ years, \_\_\_\_\_ months, and has provided medical services without expectation of remuneration, has not depended in any way upon provision of these services for his/her livelihood nor has received any remuneration for actual service provision in excess of \$6,000 within one year of the final certification, and has served for one year from that date as an active member of this ambulance service.

Required Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

SEND COMPLETED FORM, INCLUDING REQUIRED SIGNATURES AND RECEIPTS, TO: VOLUNTEER EDUCATION REIMBURSEMENT, EMSRB, 2829 UNIVERSITY AVE. S.E., #310, MINNEAPOLIS, MN 55414-3222