



## Financial Aid Application for Training, EMS Conference or EMT-B Class

Name: \_\_\_\_\_

Present Level of Certification \_\_\_\_\_ Number of Years with the NFAA \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Colorado Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Training | Conference Details:

Class Title: \_\_\_\_\_

Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Approximate Cost: \$ \_\_\_\_\_ Instructor: \_\_\_\_\_

\*If funding is approved, I understand that I must provide the NFAA with a 150-200 word summary on my experience to be included in the NFAA Newsletter and on the NFAA website.

### EMT-B Class Details:

Dates of Training: \_\_\_\_\_ Location: \_\_\_\_\_

Approximate Cost: \$ \_\_\_\_\_ Instructor: \_\_\_\_\_

\*If Approved, I understand the NFAA is willing to pay my tuition in exchange for my service to the NFAA as a State of Colorado Certified EMT-B, and I further understand that I must sign the NFAA Financial Aid Agreement for EMT-B Tuition.

### Instructions:

Applicants wishing to obtain tuition reimbursement for training, conferences or completion of an EMT-B class must attach a brief letter to the board stating why you are applying, how the education will benefit your ability to contribute to the NFAA. If I am not able to comply with the minimum standards listed below, I will provide an explanation in my letter to the board. I further understand that the NFAA may accept my application based upon my past service in the NFAA and on my future commitment to the NFAA.

### Minimum Standards for NFAA EMT:

Keep current copies of the following documents on-file at the NFAA office:

- Valid Colorado Driver's License
- Current CPR Certification
- Keep EMT Certification Current
- NIMS Online Training Completed

To be documented and turned into your respective community's NFAA lock box:

- Four scheduling meetings per year
- Twelve ambulance checks per year
- Re-certification on the AED every 90 days
- Responsible for at least 24 twelve-hour shifts in a year
- Complete 12 hours of continuing education per year (36 hours required for re-certification every three (3) years.
- Attend at least three call reviews per year with Physician Advisor

Other Requirements:

- Be within 10 minutes of the ambulance barn when on-call
- Make three (3) observation runs as a driver prior to operating the rigs
- Make three (3) observation runs in the back as an EMT prior to working as a tech solo
- Attended and completed driver training
- Laptop training completed
- Board of Directors review every two years
- CBI Background check, if requested by NFAA board
- Keep Protocol Book Current

I, \_\_\_\_\_ agree to meet the following minimum standards in order to obtain funding and remain in good standing with the NFAA.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**For Board Use Only:**

Date Application Reviewed:	Financial Amount Rewarded:
Date Applicant Notified:	Date Monies Dispersed: