



EMMCO West, Inc.

Northwestern PA Regional EMS Council

**EMMCO West, Inc.
EMS Scholarship Initiative
FY 19-20**

Thank you for your interest in the EMS Scholarship program, this program is intended to assist agencies in obtaining EMS 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 for 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 EMS Scholarship Candidate Contract.

All agencies are required to complete the following forms:

- a. EMSOF Reimbursement Process-EW-1:2 Conditions of Approval Form
- b. EMS Agency Subcontract Agreement with EMMCO West
- c. EMS Scholarship Candidate Contract (per student) Form
- d. EMS Examination Reimbursement Contract Form
- e. Cost Report/Reimbursement Request Form
- f. Final Reimbursement Submission Form

Agencies are required to show proof of payment to the training institute for reimbursement. All paperwork must be submitted no later than **May 15, 2020**. Partial packets will not receive reimbursement.

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 a challenge with the upfront costs.

Authorized through the PA Department of Health, Bureau of EMS, Prehospital Provider Equipment (EMSOE) 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 two attempts at the basic level testing (EMR, EMT, AEMT, Paramedic, PHRN and PHPE) 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 Subcontract Agreement with EMMCO West to reimburse their EMS agency for individual student tuition costs for an EMR and EMT course and up to two attempts at the State written certification examination fees for EMT, EMR, AEMT, Paramedic, PHRN and PHPE.

EMS Scholarships will be available from **July 1, 2019 through May 15, 2020**. Scholarships will be awarded on a first come basis. All reimbursements requests must be finalized prior to **May 15, 2020**. No additional examination fees or tuition cost reimbursements will be processed with an EMS agency after **May 15, 2020**.

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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, 2019 and May 15, 2020**)
- 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;

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

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, 2020**?
 - a. A voucher can be purchased on the National Registry website,
<https://www.nremt.org/rwd/public/dashboard/purchase-voucher>
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 Kimberly Pero, kim@emmco.org or by phone 814-337-5380.



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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, and check/s or money order/s of incurred and approved expenses.
- Final reimbursement must be submitted no later than **May 15, 2020**. Should additional time be needed to complete the project a request must be made in writing and approval must be given in writing prior by **May 1st, 2020**.
- The EMS Scholarship project is for any student enrolled in an EMR or EMT course taken in the EMMCO West region, at a PA Department of Health Accredited Training Institute.
- The project eligibility is from **July 1, 2019 – May 15, 2020** and includes course completion and certification testing.

FORMS REQUIRED FOR ALL REQUESTS

1. EMSOF Reimbursement Process – EW-1:2 Conditions of Approval
2. EMS Agency Subcontract Agreement with EMMCO West
3. EMS Scholarship Candidate Contract/signed
4. EMS Examination Reimbursement Contract
5. Copies of all Invoices and Checks that correlate to the Scholarship Program
6. Final Reimbursement Submission Form

EW-1: 2 CONDITIONS OF APPROVAL *(This agreement may be canceled if these conditions are not met)*

- A. Properly completed requests for reimbursement must be submitted prior to **May 15, 2020**.
- B. Signed agreement between EMMCO West and the EMS agency
- C. Signed EMS Scholarship Contract between the Scholarship recipient, EMS Agency and EMMCO West
- D. Written Examination costs for National Registry 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 Project Director Name *EMS Agency Name *EMS Agency Email Address *Daytime Project Director Phone Number**

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: _____



EMS Agency Subcontract Agreement with EMMCO West

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 awarded candidate
- 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 subcontract 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, 2020**



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EMS SCHOLARSHIP CANDIDATE CONTRACT (PER STUDENT)

Candidate Name _____

Email Address _____

Phone Number _____ Home/ Cell/ Work (Circle One)

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 years old).
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, 2019– May 15, 2020**
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.

_____/_____/_____
Scholarship Applicant (plus Parent/Guardian if under 18 years old) Date

_____/_____/_____
EMS Agency Representative and EMS Agency Name Date

_____/_____/_____
EMMCO West Representative Date

_____ Approved

_____ Denied

*Tuition Reimbursement Submitted by EMS Agency Date ____/____/____

*Certification Exam Reimbursement by EMS Agency Date ____/____/____



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EMS Examination Reimbursement Contract

Candidate Name _____

Email Address _____

Phone Number _____ Home/ Cell/ Work (Circle One)

The EMS Agency will be responsible for:

- Identification of National Registry written examination candidates from their EMS agency
 - Paramedic
 - PHRN, PHPE
 - EMR/EMT/AEMT
- Payment of examination fees to the NR examination site
- Completion of reimbursement examination forms from **July 1, 2019 to May 15, 2020.**
- 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, PHRN, PHPE \$250.00 (\$125.00 each exam)
 - AEMT \$230.00 (\$115.00 each exam)
 - EMT \$160.00 (\$80.00 each exam)
 - EMR \$150.00 (\$75.00 each exam)
- Reimbursement following review of submission of documentation for examination costs
- Finalization of subcontracts prior to **May 15, 2020.**

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 Date

_____/_____/_____
EMS Agency Project Director Date

_____/_____/_____
EMMCO West, Inc. Official



**COST REPORT/REIMBURSEMENT REQUEST
EMMCO WEST, INC.**

EMS Agency: _____

Scholarship Recipient Or Written Exam Candidate	Tuition Cost Total	Exam Cost Total	Reimbursement Requested
TOTALS	\$	\$	\$

Submit one (1) copy of this report with all documentation (e.g. "Tuition or Exam INVOICE and COPY of a Check/Money Order/Credit Card Statement **PAID**")

EMS Agency Project Director: _____

Pg. _____ of _____ Date _____



Final Reimbursement Submission Form

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:

(Agency Name)

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



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