

Northeast Texas Regional Advisory Council – TSA-F

Senate Bill 8 EMS Scholarship Program

Forms Instructions

1. Affidavit of Eligibility
 - a. This form to be completed by the Sponsoring EMS Agency or EMS Education Program
2. Course Sponsor
 - a. This form to be completed by the Sponsoring EMS Agency or EMS Education Program and signed by their EMS Course Coordinator - This form is NOT required but encouraged.
3. EMS Education Course Information
 - a. This form is to be completed by the EMS Education Program Course Coordinator
4. Student Agreement (EMT, AEMT or EMT-P)
 - a. This form is to be completed by the student and must contain student signature

Applicable Forms must be completed in full and returned to the NETRAC office preferably by email, or may be mailed to the address below. Please send all forms at the same time in one email or envelope.

Mailing address: Northeast Texas RAC
Attn: SB8 Application
1128 Clarksville Street
Suite 150
Paris, Texas 75460

Email: netracadmin@netrac.org

Northeast Texas Regional Advisory Council – TSA-F

Senate Bill 8 EMS Scholarship Program

Affidavit of Eligibility by EMS Provider or EMS Education Program

_____, a DSHS Licensed EMS Provider or DSHS Licensed EMS Education Program within TSA-F, is applying for funds from the Northeast Texas Regional Advisory Councils EMS Workforce Recruitment & Retention Program funded by the Texas Department of State Health Services (DSHS) through Senate Bill 8 as a qualified agency/school servicing a rural and/or underserved county or area in TSA-F as defined below. Please check all that apply:

Rural: A county or area with less than 50,000 in population

County: _____

City: _____

Underserved: An area in a urban or metropolitan county (50,000 or more in population), where the minimum level of EMS care does not exist:

County: _____

City: _____

Please indicate how the funds will be used to increase ambulance staffing and response capabilities with the EMS Providers/Schools Service Area. (check all that apply)

- Provide Ambulance response coverage to an area where service does not exist
- Increase the number of EMS certified personnel to actively work/volunteer on an ambulance
- Retain the number of currently certified EMS personnel in the Area
- Place additional ambulance response units in service area
- Improve ambulance response times system wide
- Improve ambulance response times to a particular location. _____
- Other: _____

As the duly authorized agency representative, I attest and/or certify that the represented EMS sponsor agency/education program meets the qualifications to receive funding as an agency service/education program to a rural and/or underserved county or area, as defined. Additionally, I understand that as a recipient of these federally sourced funds, my agency/education program may be subject to future audit and may be required to provide additional information, records, and/or reports upon request and as needed for verification by NETRAC.

EMS Sponsor Agency/Education Program Representative Signature

EMS Sponsor Agency/Education Program Printed Name

Date: _____

Northeast Texas Regional Advisory Council – TSA-F

Senate Bill 8 EMS Scholarship Program
EMS Provider or Education Program Course Sponsor

1. To be completed by the EMS Provider or Education Program Course Sponsor.
2. Signature of Course Coordinator required.
3. A valid Taxpayer Identification Number (TIN, EIN) is required
4. Type of Entity: Non-Profit or For-Profit AND indicate if with a City or County (if applicable).
5. If the above information or forms are not submitted and completed, your application request may be withheld, which could delay the course start date.

Course Sponsor: _____

Administrator: _____

Mailing Address: _____
Address City TX

Physical Address: _____
Address City TX

Admin Phone Number: _____

Phone Number: _____ Fax Number: _____

DSHS Firm/School ID #: _____

Email Address: _____

Employer Identification Number: _____

County or City Affiliation: _____ Profit/Non-Profit: _____

Course Dates: _____
START DATE END DATE

Number of Students: _____
Number accepting scholarships

Northeast Texas Regional Advisory Council – TSA-F

Senate Bill 8 EMS Scholarship Program
EMS Provider or Education Program Course Sponsor

Medical Director Name: _____

Medical Director Mailing Address: _____
ADDRESS

CITY STATE

PHONE EMAIL

COURSE COORDINATOR SIGNATURE

DATE

THE FOLLOWING TO BE COMPLETED BY NETRAC STAFF:

CONTRACT START/END DATE: _____
START DATE END DATE

CONTRACT AMOUNT: \$ _____

COURSE NUMBER: _____

COMMENTS:

Northeast Texas Regional Advisory Council – TSA-F

Senate Bill 8 EMS Scholarship Program

EMS Education Course Information

Course Coordinator Name: _____

Name of Education Program

College Affiliation: _____

Checkmark to verify that the EMS Education Program is aware and has agreed to allow students to take the National Registry test upon successful completion of course.

Mailing Address:

Address

City

State

Zip

Physical Address:

Address

City

State

Zip

Phone Number:

Office Number

Fax Number

DSHS Course ID #

Email Address:

City and County of Course:

City

County

Course Dates:

Start Date:

End Date

Northeast Texas Regional Advisory Council – TSA-F

Senate Bill 8 EMS Scholarship Program

\$2000 towards tuition and books + 1 NREMT exam fee

Student Agreement - **EMT-Basic Course**

I, _____, agree to provide one (1) year of service with a Texas EMS provider in an ambulance at the EMT-B level for which I have received this education. In return for receiving the EMS Education Scholarship, under the 87th Texas Legislature Senate Bill 8, I will successfully complete the course, and the NREMT certification examination (within 90 days of course completion). I understand that failure to complete and pass the NREMT certification examination and/or failure to complete the one (1) year of paid or volunteer service with a Texas EMS Provider may cause the Texas Department of State Health Services to take administrative action against me, including but not limited to scholarship repayment in full.

Student Full Name: _____

Student Mailing Address: _____
Address

City, Zip, County: _____
City Zip Code County

Student Phone Number: _____

Email Address: _____

Sponsoring Agency or Education Program: _____

Student Signature: _____
Signature Date

Northeast Texas Regional Advisory Council – TSA-F

Senate Bill 8 EMS Scholarship Program
\$3200 towards tuition and books + 1 NREMT exam fee

Student Agreement - AEMT Course

I, _____, agree to provide two (2) years of service with a Texas EMS provider in an ambulance at the AEMT level for which I have received this education. In return for receiving the EMS Education Scholarship, under the 87th Texas Legislature Senate Bill 8, I will successfully complete the course, and the NREMT certification examination (within 90 days of course completion). I understand that failure to complete and pass the NREMT certification examination and/or failure to complete the two (2) year of paid or volunteer service with a Texas EMS Provider may cause the Texas Department of State Health Services to take administrative action against me, including but not limited to scholarship repayment in full.

Student Full Name: _____

Student Mailing Address: _____
Address

City, Zip, County: _____
City Zip Code County

Student Phone Number: _____

Email Address: _____

Sponsoring Agency or
Education Program: _____

Student Signature: _____
Signature Date

Northeast Texas Regional Advisory Council – TSA-F

Senate Bill 8 EMS Scholarship Program
\$8000 towards tuition and books + 1 NREMT exam fee
Student Agreement - **EMT-Paramedic Course**

I, _____, agree to provide two (2) years of service with a Texas EMS provider in an ambulance at the EMT-P level for which I have received this education. In return for receiving the EMS Education Scholarship, under the 87th Texas Legislature Senate Bill 8, I will successfully complete the course, and the NREMT certification examination (within 90 days of course completion). I understand that failure to complete and pass the NREMT certification examination and/or failure to complete the two (2) year of paid or volunteer service with a Texas EMS Provider may cause the Texas Department of State Health Services to take administrative action against me, including but not limited to scholarship repayment in full.

Student Full Name: _____

Student Mailing Address: _____
Address

City, Zip, County: _____
City Zip Code County

Student Phone Number: _____

Email Address: _____

Sponsoring Agency or Education Program: _____

Student Signature: _____
Signature Date