



Financial Aid Agreement for EMT Training

OAKES AMBULANCE SERVICE

615 Ivy Avenue
Oakes, ND 58474
701-742-3244, 701-742-9336 fax
www.oakesambulance.com

I, _____ understand the Oakes Ambulance Service will pay for my tuition (including books and initial testing fees) as an enrolled student in the EMT course through the Oakes Ambulance Education only if ALL of the requirements are met.

Within thirty (30) days of the completion of the course, I must:

1. Pass the final course written exam (Fisdap) and complete all course completion requirements as defined by the Instructor and Oakes Ambulance Service.
2. Complete all necessary clinical hours at an approved Emergency Department and Ambulance Service to obtain my necessary patient contacts in order to register for the National Registry exam.

Within three (3) months of the completion of the course, I must:

1. Successfully pass the National Registry (NREMT) Computer Adaptive Test (CAT).
2. Successful completion of a state approved psychomotor skills exam.
3. Obtain a State of North Dakota EMT licensure as soon as possible, following attainment of NREMT Certification.
4. Complete the EMS Personnel Initial Training Grant Application Provider/Service Agreement and return to Oakes Ambulance for submission to the N.D. Department of Health – Division of Emergency Medical Systems (DEMS).

If these four (4) conditions are not met within the required three (3) months an additional three (3) month extension may be granted to the student if documentation is provided that the student is continually working toward NREMT national certification and state licensure by DEMS as evidenced by continued attempts at the CAT exam and/or psychomotor exam.

If any of the conditions above are not fully satisfied, I understand that I am personally responsible for the full-amount of the EMT course tuition, including books and associated fees, which were paid by Oakes Ambulance Service. I understand that I will receive a bill, payable within 90 days if these conditions are not satisfied.

I understand the Board of Directors of the Oakes Ambulance Service may grant an extension of these requirements and/or the tuition reimbursement for extreme hardship or circumstances beyond my control. If difficulties arise before I obtain my State of North Dakota licensure, I must present the Board with documentation/explanation of my hardship prior to the three-month deadline or extension. If a difficulty shall arise after obtaining my State of North Dakota licensure, I must present the Board with documentation/explanation of my hardship prior to the conclusion of the one-year commitment period.

I understand, that if I pay for my EMT course tuition (including books and associated fees) I may later apply for reimbursement of that tuition from Oakes Ambulance Service, upon satisfying the requirements above.

EMT Course Student/Applicant Signature

Date

Oakes Ambulance Service Manager

Date

For Board Use Only:			
Total Course Fees Paid:		Date of Course Completion:	
Date of CAT Exam Attempts:	#1	#2	#3
Date of Psychomotor Exam Attempts:	#1	#2	#3
Date of State Licensure:	[] DEMS Grant Filed		Notes: