

WorkInvestNH-EMT Emergency Medical Technician (EMT & AEMT) Training Grant Application

The **WorkInvestNH-EMT** application can be filled out and saved on your desktop.

Email your complete application and attachments as a single PDF document to:

WorkInvestNH-EMT@nhes.nh.gov or mail or hand-deliver

one complete application and attachments to:

NHES, ATTN: WorkInvestNH, 45 South Fruit Street, Concord, NH 03301-5791

Licensed EMS Unit Name _____ EMS Unit #: _____

Address 1 _____

City _____ State _____ Zip _____

Licensed Unit Contact _____ Title _____

Contact Email _____ Contact Phone _____

FEIN/Tax ID _____ Type of Business _____
(if applicable) (Corp., LLC, Municipality..)

State of NH Vendor Code _____ Remit Code _____

You may find your vendor code by visiting <https://tinyurl.com/4u9rt7h2>

*Please review the **WorkInvestNH-EMT Addendum** for additional benefits that may be available by visiting
<http://nhes.nh.gov/services/employers/EMTTrainingIncentiveProgram.htm>*

Total number of employees in the NH Facility? _____

How many individuals are to receive training? _____

EMT & AEMT - Breakdown of Training Costs Sheet

Below amounts from vendor quotes and other estimated costs.

Please fill out a section for *each* trainee. The CREF # will be known to the training agency.

**** Training must have started on or after November 22, 2022, to be considered ****

1 EMT AEMT Trainee Full Name _____

Training Start Date _____ End Date _____ Course CREF # _____

Training Agency Name _____ Instructor Coordinator Name _____

Instructor/Course Fees _____ Books/Certification/Testing Fees _____ Other Fees _____

Describe "Other" Fees _____ Total Cost for Trainee _____

2 EMT AEMT Trainee Full Name _____

Training Start Date _____ End Date _____ Course CREF # _____

Training Agency Name _____ Instructor Coordinator Name _____

Instructor/Course Fees _____ Books/Certification/Testing Fees _____ Other Fees _____

Describe "Other" Fees _____ Total Cost for Trainee _____

3 EMT AEMT Trainee Full Name _____

Training Start Date _____ End Date _____ Course CREF # _____

Training Agency Name _____ Instructor Coordinator Name _____

Instructor/Course Fees _____ Books/Certification/Testing Fees _____ Other Fees _____

Describe "Other" Fees _____ Total Cost for Trainee _____

4 EMT AEMT Trainee Full Name _____

Training Start Date _____ End Date _____ Course CREF # _____

Training Agency Name _____ Instructor Coordinator Name _____

Instructor/Course Fees _____ Books/Certification/Testing Fees _____ Other Fees _____

Describe "Other" Fees _____ Total Cost for Trainee _____

Total Estimated Cost For All Trainees _____

Insert vendor quotes after this page, and once obtained, submit proof of payment with the **EMT Training Reimbursement Employer Request**  and send to **WorkInvestNH-EMT@nhes.nh.gov**