

Nebraska EMS Continuing Education Tuition Guidelines

(Please note that some guideline points have changed. Please read carefully)

Applications for class reimbursement funds should be submitted **30
days in advance of the class.**

Grant funds are open for year long application.

The Office of Emergency Health Systems may fund classes for Emergency Medical Services Providers based on available continuing education funds.

Please note the following requirements:

Who is eligible for grant class funding?

1. Each service may be eligible for up to four (4) classes per calendar year. Providing funds are available, a service may have additional classes if the Office of Emergency Health Systems (EHS) approves. Continuing education classes must be open to all Nebraska licensed EMS Providers.
2. Hospitals and State approved Training Agencies may be eligible for grant funding if they are presenting EMS continuing education that is open to all services and providers in the state. The hospital/training agency will be the applicant and submit the requests for all of the classes that they are hosting.

What can be taught in a grant class?

3. Skills classes are for the review of core Emergency Medical Service skills, i.e. assessment, splinting, vitals, etc.
4. Classes must meet the National EMS Education Standard objectives in the areas of documentation, emergency vehicle driving, or direct patient care.
5. Funds may be used for EMS-Instructor development topics or specialty instruction topics such as Emergency Vehicle Operations Course (EVOC).
6. Grant application form is not to be used for initial licensing classes such as EMR, EMT, AEMT, Paramedic; Refresher classes; or for additional skills modules. There is a separate reimbursement program that may cover some of these classes.
7. Grant application form is not to be used for run reviews.

Who can instruct grant classes?

8. Payment will be for only one instructor per class with the exception of skills classes.
9. A qualified EMS instructor or subject matter expert in the specific field must teach each class.
10. The Office of EHS may provide grant funds for an instructor to teach at a service/agency for only **ONE** class during a six month period. The same instructor may be utilized as an instructor at a Skills class.
11. Class instructors paid by EHS grant funds shall **NOT** be a member of the service where training is conducted with the exception of hospital staff with specific expertise or in instances when there is a specific and limited instructor pool.
12. Skill class instructors are not required to be licensed EMS-Instructors, but through education and training are proficient in the skill(s) they teach.

How much and what do the grants fund?

13. Lecture and skills instructors shall be paid \$40.00 per hour plus one (1) prep hour at \$35.00.
14. The Office of EHS will pay for continuing education classes up to three (3) hours in length with the exception of the Emergency Vehicle Operator's Course (EVOC) in which instructors will be paid up to six (6) hours.
15. For classes longer than three (3) hours or a specialty skills or lecture class, contact Wendy Snodgrass for application and approval.

What additional documentation will be needed or are there any additional requirements?

16. Instructors *MUST* attempt to have students complete a class evaluation.
17. The invoice, roster, and completed evaluations *MUST* be returned to the Office of EHS within **30 days** of completion of services. Failure to comply *WILL* result in non-payment.
18. By applying for and accepting grant funds, you understand that the class is to be for the number of instructors and hours originally requested and approved. If the class does not go the scheduled time, you *MUST* amend the invoice, the roster and the student certificates to reflect the actual number of hours of instruction.
Instructors will only be paid for the number of hours that they taught (plus one (1) prep hour).

Applying for funds.

19. Only one (1) class request per application will be accepted.
20. Classes must be open to all EMS providers.
21. Lecture classes are limited to one instructor, whom must be identified by name on the application. Skills classes will be limited to three (3) instructors; all whom must be identified by name on the application.
22. Grant funds may only be used for payment of instructional hours and one hour of preparation time.
23. It is recommended that applications be submitted no later than **30 days before class date** to ensure time for approval and advertisement. Applications will be accepted less than 30 days but the Office of EHS reserves the right to deny approval.
24. If no students show up for a scheduled class, the instructor(s) may be paid for one (1) hour of their time and the prep hour. EHS reserves the right to deny funds to applicants that have hosted classes with multiple "no-shows".
25. Classes will be reimbursed upon successful completion and upon return of all required documentation.
26. Reimbursement payments are preferred to go directly to the instructor(s).
27. The Office of Emergency Health Systems reserves the right to reimburse less than or deny reimbursement based on funding limitations.

Tips for a successful grant application/class.

- Contact and discuss the terms of the class/payment with the instructor **PRIOR** to applying for grant funds.
- Spread the word about your upcoming classes. Consider having a reminder paged out with the daily test page. Send out emails to EMS contacts in surrounding communities. Have your regional EMS Specialist spread the word.
- The title of the class should clearly identify the topics being presented. Abstract titles will often require follow up prior to final approval.

Send completed form and required documentation to dhhs.sp.EHSContinuingED@nebraska.gov.

Please contact Wendy Snodgrass (wendy.snodgrass@nebraska.gov, 402-873-5082) with any questions.


Grant Funds Application Form/Invoice for Reimbursement Continuing Education Classes

Recommended to be submitted at least 30 days before class date.

Please fill out electronically.

Applicant Information		
Applicant Name:		
Contact Name:		
Contact Daytime Phone:		
Contact Evening Phone:		
Contact Email:		
Class Information		
Class Title:		
Class Objective:		
Start Date and Time:	Date:	Time:
Total Contact Hours:		
Certificates Needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Place/Location of Class:		
Address of Class:		
City/Town of Class:		
County of Class:		
Requested Budget Information		
Instructor(s):		
Instructor(s) email:		
Instructor Fee:	\$	(\$40.00/hour)
Prep Hour	\$ 35.00	
Total reimbursement request:	\$	
Payment Issued To:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Instructor
Amount Approved not to exceed (DHHS Only):	\$	
Program Approval (DHHS Only):		
Administrator Approval (DHHS Only):		
Upon Class Completion – RETURN WITHIN 30 DAYS		
Instructor Signature:		
Start and End Time of Class:	Start Time:	End Time:
Total Approved (DHHS Only):	\$	
Approved By (DHHS Only):		
AB Number (DHHS Only):		
OnBase Number (DHHS Only):		
Instructor Not Member of Service (DHHS Only):	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Received Date (DHHS Only):		

Note: If payment is issued to the instructor, a completed ACH W9 Form is needed for each instructor.

 **Send the completed form and required documentation to dhhs.sp.EHSContinuingED@nebraska.gov.**

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Revised 12/28/18

STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following boxes:

- Individual
 Sole proprietor
 C Corporation
 S Corporation
 Partnership
 Trust/Estate
 Non-Profit Entity
 Government (Local, State or Federal)
 Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) ____
 Other (see instructions) _____

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

5 Address: Remit Address (if different):

6 City, state, and ZIP code City, state, and ZIP code

Taxpayer Identification Number (TIN):

Social Security Number (SSN): _____ **OR** Employer Identification Number (EIN): _____

Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: _____ Date: _____

Printed Name: _____ Contact Phone: _____

Comments or Business/Entity Notes:

ACH Enrollment: (Rev. December 2014)
 Initial Setup
 Change
 Close Account

This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here: _____

E-mail: _____
(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	Attachment Required! (Select and attach one of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check
Title:	<input type="checkbox"/> Letter or statement from your financial institution
Date	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

Internal Use Only:



Funding for this class has been provided by the
Nebraska Department of Health & Human Services
Office of Emergency Health Systems
Continuing Education Roster – REIMBURSEMENT Class



CLASS TITLE OR TOPIC: _____ DATE: _____
 INSTRUCTOR: _____ CE HOURS: _____
 LOCATION CLASS HELD: _____

By signing this roster I certify that I attended this continuing education program in its entirety and that I was not charged tuition to attend.

Legal Name (please print)	Organization / Department	EMS License Level	Signature
1.			
2.			
3.			
4.			
5.			
6.			
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11.			
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13.			
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19.			
20.			



Office of Emergency Health Systems

Continuing Education Grant Class Evaluation Form

Course Name _____

Date _____

Instructor _____

Instructor	Excellent	Good	Fair	Below Average	Poor	N/A
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subject Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Good	Fair	Below Average	Poor	N/A
Course Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Course Content	Excellent	Good	Fair	Below Average	Poor	N/A
Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met My Training Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Spent on Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facilities	Excellent	Good	Fair	Below Average	Poor	N/A
Amount of Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enough Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel adequately prepared to use your new knowledge or skills when needed?

Anything you would change about this class/topic?

Comments: