



Clinton County EMS Association
Clinton, Iowa

clintoncountyems2004@yahoo.com



Continuing Education/Training/Equipment Reimbursement Form

Date: _____	Applicant Name: _____
Member Name: _____	Payee: _____
Address: _____	Address: _____
_____	_____

Education/Training

(Circle one)

Initial Education Continuing Education Advanced Education

Course Title: _____

Approval or Sponsor # _____ # of Attendees _____

CEH's Awarded: _____ Cost \$ _____ Requested \$ _____

Equipment

(Circle one) Cash Match Full Reimbursement Partial Reimbursement

Equipment Description: _____

Equipment Cost \$ _____ Requested \$ _____

Please attach attendance sheets or course completion certificate with name, certification number and number of CEH's awarded, packing slip or receipt if applicable and proof of payment.

I hereby state that all information given on this form to be accurate to the best of my knowledge.

Signature of Applicant

Date

CCEMSA Use Only	
Date Received: _____	
Reviewed By _____	Date _____

CCEMSA Use Only	
Approved By _____	Date _____

Check # _____	Amount \$ _____