



SOUTHEASTERN MINNESOTA EMERGENCY MEDICAL SERVICES

1130 1/2 SEVENTH STREET NW | SUITE 201 | ROCHESTER, MN 55901
OFFICE: 507-536-9333 | FAX: 507-536-9337 | WWW.SEEMS.COM

EMR/EMT REGIONAL TRAINING SUBSIDY
APPLICATION FOR TRAINING FUNDS FISCAL YEAR 2025
July 1, 2024 - June 10, 2025

Regional EMS funds are again available for FY 2025 to EMS Agencies in Southeastern Minnesota for the following courses: **Emergency Medical Responder Certification and Recertification, Emergency Medical Technician Certification and Recertification** courses. An agency can apply for EMS funds, to meet the training needs, of both new and current members. Below is the allocation per person for each program:

- Emergency Medical Responder Certification (\$175)**
- Emergency Medical Responder Recertification (\$100)**
- Emergency Medical Technician Certification (\$300)**
- Emergency Medical Technician Recertification (\$125)**

BLS ambulance services, who have a hardship variance, and are using Emergency Medical Responders on their service **CAN** apply for the EMR training funds! They are not, however, eligible for the EMT training funds as reimbursement funds are available through the EMSRB. Ambulance services only need to complete contact info and # to be trained.

NOTE: Acceptance of application does not guarantee payment for **ALL** requests for reimbursement. Eligible reimbursements are paid on a first come, first served basis until the funds allocated for the fiscal year have been depleted. **(\$750 per Service Maximum)**

PLEASE PRINT LEGIBLY AND COMPLETE ALL APPLICABLE SECTIONS

Organization			Primary Contact	
Address	City	State	Zip Code	County
Telephone Number		Email		

Estimated number of individuals to be trained for following classes:

EMR Certification _____	EMR Recertification _____
EMT Certification _____	EMT Recertification _____



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GENERAL INFORMATION

If application is for an **existing agency**, complete **Section A**. If you are seeking funds to offset **EMT training**, complete **Section B**.

SECTION A

1. Last First Responder Course offered _____
2. Training institution _____
3. Number certified Current number of members _____
4. Approximate number of runs per year _____
5. Does Squad use run report forms: **YES** **NO** Source _____
6. Does squad have direct radio communications with ambulance service: **YES** **NO**
7. Does Squad have regular meetings/training sessions: **YES** **NO**

SECTION B

NOTE: Subsidy is limited to *FOUR members per year for EMT Certification OR Recertification*. Individuals must have a *minimum of TWO YEARS on an official First Responder Squad to be eligible*.

8. _____ EMT Initial EMT Recert Service years: _____
First Individual's Name
9. _____ EMT Initial EMT Recert Service years: _____
Second Individual's Name
10. _____ EMT Initial EMT Recert Service years: _____
Third Individual's Name
11. _____ EMT Initial EMT Recert Service years: _____
Fourth Individual's Name

Application can be returned via email, fax, or mail (Fax 507-536-9337 or email to: office@seems.com)

Your service will receive notice of Subsidy award and Course Rosters must be turned into the SE EMS Office prior to June 6, 2025.

Signature

Date