SOUTHEASTERN MINNESOTA EMERGENCY MEDICAL SERVICES

1130 ½ SEVENTH STREET NW | SUITE 201 | ROCHESTER, MN 55901
OFFICE: 507-536-9333 | FAX: 507-536-9337 | WWW.SEEMS.COM

REGIONAL TRAINING SUBSIDY

APPLICATION FOR TRAINING FUNDS REIMBURSEMENT
FISCAL YEAR 2027
July 1, 2026 - June 17, 2027

Regional EMS funds are again available for FY 2027 to First Responder Agencies in Southeastern Minnesota for the following courses: **Emergency Medical Responder Initial and Recertification**, **Emergency Medical Technician Initial and Recertification courses as well as departmental CPR recertification courses.** An agency can apply for Training funds, to meet the training needs, of both new and current members.

Below is the allocation per person for each program:

Emergency Medical Responder Initial Certification ($300)
Emergency Medical Responder Recertification ($150)
Emergency Medical Technician Certification ($600)
Emergency Medical Technician Recertification ($300)
CPR Certification ($40 per provider)

Effective 01 July 2025, BLS ambulance services who are using Emergency Medical Responders on their service CANNOT apply for the SE EMS Education Subsidy. They are however, now eligible for the Education Reimbursement through the Office of Emergency Medical Services with new legislative changes and education reimbursement programs.

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. ***($1,000 per Service Maximum)***

Subsidy application must be accompanied by PAID Invoice or receipt of class expenses.
SE EMS Courses cannot be subsidized through this Education Subsidy.

PLEASE PRINT LEGIBLY AND COMPLETE ALL APPLICABLE SECTIONS

_____
Organization Primary Contact

_____
Address City State Zip Code County

_____ _____
Telephone Number Email

Revised: AUGUST 2026

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Number of individuals trained for following classes:

EMR Certification _____ EMR Recertification _____

EMT Certification _____ EMT Recertification _____

CPR Certification_____

GENERAL INFORMATION

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

Application can be returned via fax or mail;
(Fax: 507-536-9337 or email: 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 17, 2027.

_____

Signature Date

Revised: AUGUST 2026

FY 2027
SUBSIDY REIMBURSEMENT FORM

DATE: _____ PAY TO: _____

DATE	ITEM DESCRIPTION	PRICE	QTY	TOTAL

TOTAL:

ATTACH ALL ITEMIZED RECEIPTS!

PLEASE CONTACT REGIONAL OFFICE WITH ANY QUESTIONS

NOTES:

_____

_____

_____

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