

Rural EMS Agency Commitment

Recommending Agency

Name

Contact

Address

Phone

Email

Student Information

Name

Address

Phone

Email

Statement of Intent

I intend to be an active provider (as listed on their EMT or Paramedic rosters) for a minimum of 24 months for at least one EMS service located within a rural county. Failure to do so could be grounds for repayment of tuition paid for by federal grant dollars.

Signature of Student

Date