

**Clay County Emergency Medical Services Association**  
*Emergency Medical Services - Fire - Law Enforcement - Emergency Management*  
**“United to Save Lives”**

I \_\_\_\_\_ as a member of \_\_\_\_\_ do hereby request authorization to enroll in the \_\_\_\_\_ course offered at \_\_\_\_\_ collage to start on day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_. The department I represent and myself do hereby understand that all cost of tuition and associated expenses for this program will be the sole responsibility of said department and shall be paid in full as per college guidelines upon acceptance in program. Applicant shall also understand they will be held responsible for all travel expenses and additional costs incurred above and beyond initial tuition expenses. Upon successful completion of said course applicant must submit appropriate documentation confirming completion to sponsoring department. For which information will be submitted to Coordinator of CCEMSA for full reimbursement of tuition expenses back to sponsoring department.

As a service to assist departments with cost occurred with education needs we offer this service to all EMS departments within Clay County. All personnel utilizing this service that upon successful completion of said course they will be required to remain an EMS provider within Clay County for a period of not less than two years. Any individual who does not provide service for said period of time will be responsible for reimbursement to CCEMSA at a rate (percentage) as prorated to time of service provided to Clay County EMS department. I do hereby understand and with the application of my signature on this document I do hereby agree to adhere to guidelines as written.

\_\_\_\_\_  
Name of applicant Date

\_\_\_\_\_  
Service Representative Date

\_\_\_\_\_  
CCEMSA Representative Date