



EMS Provider Conference Attendance Scholarship Program

July 27, 2021

Central Iowa EMS Directors and Iowa Service Area 1A will partner to provide scholarships for EMS providers to assist them in attending local, state, national and specialty EMS conferences.

Service Area 1A includes the following Counties:

Adair	Guthrie	Poweshiek
Boone	Jasper	Story
Carroll	Madison	Tama
Dallas	Marshall	Warren
Greene	Polk	

Scholarship Program Information

1. Applicants may be approved for one conference or specialty course attendance per calendar year.
2. Applicants must reside or work within Service Area 1A Counties
3. **Local Conference Scholarship** (IEMSA, Public Safety Officer Boot Camp or Local conference) would be approved for tuition funding only.
 - a. Applicants for local conference attendance would be accepted for any Service Area 1A EMS agency.
 - b. Scholarship funding would be approved until budgeted funds are exhausted.
 - c. Local scholarship allocations include the following examples:
 - \$250 scholarship for IEMSA Conference or the IEMSA Public Safety Officer Boot Camp
 - \$100 scholarship for county/local EMS conference attendance = \$100
 - i. Maximum two individuals may apply for funding from Service Area 1A Counties.
 - ii. Reference funding application and approval process section of this document
4. **National Conference Scholarship**
 - a. Applicants for National Conference Scholarship would be accepted from any Service Area 1A EMS Agency with the following application priorities:
 - 1st Priority:** Individual serving on the executive board of Central Iowa EMS Directors Association, this shall include the offices of president, vice-president, secretary or treasurer and the individual serving as the Service Area 1A Public Health/EMS Coalition Coordinator.
 - 2nd Priority:** EMS certified individuals serving as a committee chair or actively involved on a committee of Central Iowa EMS Directors or Service Area 1A who is also a member of a Service Area 1A EMS agency.
 - 3rd Priority:** EMS certified individuals representing a Service Area 1A EMS Agency.
 - b. No more than six (6) individuals shall be approved for National Conference attendance.
 - c. Reimbursements will be \$1,700 per person.

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- d. Scholarship funding may be approved for tuition, airfare and hotel accommodations (as funding allocations allow)
5. Scholarship disbursements:
 - a. Tuition may be paid directly by Central Iowa EMS Directors Association. If not paid by CIEMSD then it will be reimbursed to the applicant.
 - b. Approved hotel and travel expense will be reimbursed to the applicant following Polk County Government reimbursement policies and procedures.
 - c. Reimbursement will not be provided for meals or any secondary travel expenses.
 - d. Service Area 1A Public Health/EMS Coalition Coordinator will manage the disbursement/reimbursement process.

Scholarship Application Approval Process:

1. Individuals wishing to apply shall complete the CIEMSD Conference Scholarship Application Form.
2. Completed applications for Local Conference Scholarship should be submitted 60 days prior to the scheduled event.
3. Completed applications for National Conference Scholarship should be submitted 120 days prior to the scheduled event
4. Submit completed funding applications to the Central Iowa EMS Training Committee at training@ciemsd.org
5. The CIEMSD Training Committee will review applications for funding and make recommendations for approval to the Service Area 1A Public Health/EMS Coalition Coordinator.
6. Service Area 1A Public Health/EMS Coalition Coordinator shall notify applicants the next business day.

CENTRAL IOWA EMS DIRECTORS ASSOCIATION CONFERENCE SPONSORSHIP APPLICATION

Note: Please submit completed application form to CIEMSD Training Committee at training@ciemsd.org

Applicant Information

Name	
Mailing Address	
Telephone	
Email address	
Department	

Local Conference Sponsorship Request

Conference	
Dates	
Tuition	

National Conference Sponsorship Request

Conference	
Dates	
Tuition	
Hotel estimate	
Airfare Estimate	

Applicant Signature

Date Signed

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County EMS Association or **EMS Service representative**

Print Name

Service or County Association Representative

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Signature

Date Signed

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Office Use Only:

<i>Date received</i>	
<i>Approval</i>	