



**LYCOMING COUNTY
DEPARTMENT OF PUBLIC SAFETY**

542 County Farm Road, Suite 101
Montoursville, Pa 17754-9621

(570) 433-4461
(570) 329-4061
Fax: (570) 433-4435
www.lyco.org

Jeffrey L. Hutchins
Director

Beth A. Baylor, Deputy Director
9-1-1 Communications

William D. Miller, EMS Program Manager
Lycoming, Tioga, & Sullivan
Emergency Medical Services

Stacey Folk, EMA Manager
Emergency Management Agency

**LTS EMS COUNCIL NREMT TESTING
REIMBURSEMENT APPLICATION**

APPLICANT INFORMATION

Date: _____ First Name: _____ Last Name _____

Primary Phone _____ Please (check one): Mobile Home Work

E-mail _____

Home Address _____

City _____ State _____ County _____ Zip _____

EMERGENCY SERVICES COURSE REQUESTED (CHECK ONE)

EMR EMT AEMT PARAMEDIC

Name of educational institute, offering the program: _____

Estimated Start Date: _____

Location of Program: _____

REIMBURSEMENT CRITERIA

Are you a Lycoming, Tioga, or Sullivan County, Pennsylvania resident? Yes No

Are you a member in good standing of a Licensed EMS Agency or Fire/Rescue organization which provides emergency coverage to Lycoming, Tioga, or Sullivan County? Yes No

Are you sponsored by an EMS, Fire/Rescue, or Law Enforcement Agency or organization which provides emergency coverage to Lycoming, Tioga, or Sullivan County? Yes No

REIMBURSEMENT AGREEMENT

PRIOR TO THE START OF THE COURSE, applicants shall submit the application for reimbursement to the Lycoming County Department of Public Safety, 542 County Farm Rd., Montoursville, PA 17754.

Signature of President or Chief officer of sponsoring agency below acknowledges that the candidate is a member in good standing of said agency that provides primary emergency coverage to Lycoming, Tioga or Sullivan County.

I understand that LTS EMS Council has dedicated reimbursement funding toward the costs of National Registry Certification (at the same provider level or higher, as the course in which I have applied for) within twenty-four (24) months of the course completion date. After paying for the National Registry the candidate MUST provide copies of the invoice showing paid to the Lycoming County Department Public Safety. Once the copy is received the applicant will be refunded 100% of their NREMT testing fee paid for through their respective agency (we can NOT pay the student directly.)

STUDENT

PRINT NAME: _____

SIGNATURE: _____

SPONSORING AGENCY NAME: _____

PRESIDENT/CHIEF NAME: _____

PRESIDENT/CHIEF SIGNATURE: _____

PLEASE SUBMIT COMPLETED FORM TO:

Lycoming County Dept. of Public Safety
EMS Program Manager
542 County Farm Rd., Suite 101,
Montoursville, PA 17754

OR fax to 570-433-4435

DPS APPROVAL

To be completed by the Lycoming County Department of Public Safety ONLY

DATE RECEIVED: _____ APPLICATION STATUS: Approved Denied

DECISION DATE: _____ EXPLANATION: _____

PRINT NAME: _____ SIGNATURE: _____