



Enchanted Circle EMS Association

Background Check Funding Request

Enchanted Circle EMS Agencies

Introduction

This is a funding opportunity for EMS agencies in the Enchanted Circle to apply for funds to pay for the NEW state required Background Checks for relicensing New Mexico EMS personnel. After July 1, 2015 all NM Licensed EMS personnel will be required to submit a background check with their EMS license renewal packet. This program is intended to help offset the cost of relicensing the EMS personnel of our Enchanted Circle EMS agencies.

Who is eligible for funding?

Enchanted Circle EMS agencies actively participating in the ECEMS Association. Agencies must have attended **50% of the monthly association meetings** from October 1, 2016 through August 30, 2017 to be eligible for funding.

Applications

Must be submitted by the EMS agency Chief/Director

One check will be made out the EMS Agency

Submit to ECEMS Association at monthly meeting.

Eligible

NEW MEXICO EMS
First Responders,
EMT-Basic, EMT-Intermediate and Paramedics

For Re-licensure only, not initial licensure

Funds

Individual funding can not exceed \$44.00/provider
MAX 15/agency

Up to \$2,000 available, application deadline **10/1/2017**. Agency checks available November 1, 2017

2017 ECEMS Background Check Funding Program

APPLICATION

EMS agency applying for funding _____

Mailing address _____

City, State, ZIP _____

Service Director/Chief name _____

We are requesting _____ personnel at a cost of up to \$44.00 per provider for a total request of \$_____

LIST all personnel you will be funding for NM EMS Background checks below. Check expiration date to confirm each provider's expiration date is correct for the current re-licensure period.

	Name <small>as it appears on EMS License</small>	Licensure Level	EMS License Number	Expiration Date
1				<input type="checkbox"/> 03/31/2018
2				<input type="checkbox"/> 03/31/2018
3				<input type="checkbox"/> 03/31/2018
4				<input type="checkbox"/> 03/31/2018
5				<input type="checkbox"/> 03/31/2018
6				<input type="checkbox"/> 03/31/2018
7				<input type="checkbox"/> 03/31/2018
8				<input type="checkbox"/> 03/31/2018
9				<input type="checkbox"/> 03/31/2018
10				<input type="checkbox"/> 03/31/2018
11				<input type="checkbox"/> 03/31/2018
12				<input type="checkbox"/> 03/31/2018
13				<input type="checkbox"/> 03/31/2018
14				<input type="checkbox"/> 03/31/2018
15				<input type="checkbox"/> 03/31/2018

As the Director/Chief of the _____ I affirm the listed personnel are all active members in our EMS agency. We also agree to pay back the ECEMS Association if these funds are not used for relicensing New Mexico EMS providers by 12/31/2017.

Service Director / Chief

Date

Active Member of ECEMS

Funding not approved

Funding approved for _____ providers at \$_____ each

Total award \$_____

Signature

ECEMS Title