

AGENCY/PROGRAM ORTI GRANT APPLICATION

1. EMS Agency/Program Name: _____

2. Shipping Address:

Street: _____

City: _____

State: _____ Zip: _____

County: _____

3. Course Level (*choose only one*)

EMR

EMT

AEMT

4. Course Physician _____

5. Program Director _____

6. Primary Instructor _____

7. Co-Instructor (*if applicable*) _____

8. Subject Matter Experts (SME)

1. _____ Credential _____

2. _____ Credential _____

3. _____ Credential _____

Course Physician Signature

(by signing this document you are verifying the course education plan)

Program Director Signature

Idaho EMS and Preparedness On-line Rural Training Initiative (ORTI)

PRIMARY INSTRUCTOR CONTRACT

This contract is entered voluntarily between the Bureau of EMS and Preparedness and the Primary Instructor listed on the Education Plan.

I, _____ will serve as the Primary Instructor for the ORTI EMS Course named _____. As the Primary Instructor, I agree to teach a minimum of 60% of the length of the class. I also agree that I will be responsible for data collection and submitting the data spreadsheet provided by the Bureau of EMS and Preparedness. The Primary Instructor agrees he/she **will be ineligible** to collect reimbursement from students enrolled and/or other sources. The data will include:

1. Program name
2. Participant names
3. Email address of each participant
4. Course Completion
5. Log of Psychomotor testing
6. Log of Cognitive testing
7. Idaho Licensure
8. Paid or volunteer information with name of agency

The Bureau of EMS and Preparedness agrees to compensate the Primary Instructor listed on the Education Plan and this signed contract \$1,000, as funds allow, upon completion of the course once the Student Data Spreadsheet is received with all data points collected and reported.

Bureau Representative

Primary Instructor

Idaho EMS and Preparedness On-line Rural Training Initiative (ORTI)

CO-INSTRUCTOR AGREEMENT

This contract is entered voluntarily between the Bureau of EMS and Preparedness and the Co-Instructor listed on the ORTI EMS Education Plan.

I, _____ will serve as the Co-Instructor for the ORTI EMS Course named _____. As the Co-Instructor, I agree to teach no more than 40% of the length of the class. I also agree that I will be responsible for assisting and working in collaboration with the Primary Instructor for the submission of the student data spreadsheet provided by the Bureau of EMS and Preparedness. As the Co-Instructor, I agree that I am **ineligible** to collect reimbursement from students enrolled and/or other sources. This data will include:

1. Program name
2. Participant names
3. Email address of each participant
4. Course Completion
5. Log of Psychomotor testing
6. Log of Cognitive testing
7. Idaho Licensure
8. Paid or volunteer information with name of agency

The Bureau of EMS and Preparedness agrees to compensate the Co-Instructor listed on the Education Plan and this signed contract \$500, as funds allow, upon completion of the course once the Student Data Spreadsheet is received with all points collected and reported.

Bureau Representative

Co-Instructor

STATE OF IDAHO ON-LINE RURAL TRAINING INITIATIVE (ORTI)
Student Contract

Student Name _____
Education Program Name _____
Course Number _____
Course Program Director _____
Course Primary Instructor _____
Course Co-Instructor _____
Course Physician _____

The Idaho On-line Rural Training Initiative (ORTI) is designed to provide students in rural or volunteer communities with affordable and flexible access to the didactic education, and clinical experience required to become an Idaho licensed Emergency Medical Services (EMS) provider. ORTI has been developed specifically for students that wish to be licensed at the EMR, EMT and AEMT levels who may not otherwise have the time or the resources to participate in an EMS training program. The didactic (classroom) portion of this EMS course is being provided to the student at no charge to the student or host agency. ALL students are required to sign a Student Contract to be turned in prior to the start of class. Contracts are signed to obtain course completion of the EMS ORTI program for which they are enrolled. By signing this Contract, any student withdrawing from an ORTI EMS course two (2) weeks after the course start date, will agree to reimburse the Bureau of EMS and Preparedness the full cost of the book(s) and on-line materials within fourteen (14) days of withdrawing from the course. Additionally, the student agrees to obtain course completion and make at least one (1) attempt to test to obtain licensure in the state of Idaho.

Student Name _____
Student Address _____

Student Phone _____
Email _____
Date _____

Student Signature

Program Director

Bureau Staff