

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

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