



**Education Incentive Grant Program**  
Memorandum of Agreement  
**Student Form (EMR, EMT, and AEMT)**

This Memorandum of Agreement (MOA) is between KBEMS, \_\_\_\_\_  
(Licensed Ambulance Service)

and \_\_\_\_\_, SSN# \_\_\_\_\_  
(Name of Student- Print)

(Your social security number is required pursuant to 42 USCS §666(a)(13), KSA74-139 and KSA74-148, and may be used for child support enforcement purposes or provided to the Kansas Director of Taxation, upon request.)

I \_\_\_\_\_ agree to work for the above named ambulance service for  
(Name of Student-Print)  
a minimum of **twelve consecutive months** as:  EMR  EMT or  AEMT

I agree to work a minimum of 20 hours per month for 12 consecutive months of service as required by the sponsoring organization/requesting agency. The sponsoring organization/requesting agency shall schedule me for a minimum of 20 hours per month.

I further agree that:

- \* Should I fail to meet this one year of service obligation, or if I drop out of the course prior to completion, I will within 14 days repay KBEMS 100% of the grant monies awarded to me through the Licensed Ambulance Service. \*
- \* Should I academically fail the course, or if I am denied to take the certification exam, I will within 14 days repay KBEMS 50% of the grant monies awarded to me through the Licensed Ambulance Service.
- \* Should I be unsuccessful in gaining certification after all allowed attempts at the certification exam, I will not be asked to repay KBEMS any of the grant monies awarded to me through the Licensed Ambulance Service.
- \* The grant monies awarded to me will be utilized as specified in the grant criteria.
- \* Should I not make all allowed attempts at the certification exam, I will within 14 days repay KBEMS 100% of the grant monies awarded to me through the Licensed Ambulance Service.

\* The required one year of service obligation may be transferable to another eligible service in the state with the approval of the service directors and operators.

\_\_\_\_\_  
(Ambulance Service Director)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(KBEMS)

\_\_\_\_\_  
(Date)