



**Education Incentive Grant Program**  
**Memorandum of Agreement**  
**Student Form (I/C)**

This Memorandum of Agreement (MOA) is between KBEMS, \_\_\_\_\_  
(Licensed Ambulance Service)  
and \_\_\_\_\_, SSN# \_\_\_\_\_.  
(Name of Candidate- 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 meet the obligation for the above named  
(Name of Candidate-Print)  
ambulance service as indicated below. The service obligation will not begin until gaining certification at the applicable level.

- Instructor Coordinator - teach (at minimum) one (1) EMR or (1) EMT course within the two year period, immediately following a course completion, in a location agreed upon by the sponsoring organization.

I further agree that:

\* Should I fail to meet this service obligation, or 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, I will within 14 days repay KBEMS 100% of the grant monies awarded to me through the Licensed Ambulance Service.

The required service obligation may be transferable to another service in the state with the approval of the service directors and operators.

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

\_\_\_\_\_  
(Name of Student) (Date)

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