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Dr. Joel E Hornung, Chair
Joseph House, Executive Director

Laura Kelly, Governor

EIG Grant - EDUCATOR OBLIGATION FULFILLMENT

Grant Recipient Name: _____ Course # _____

Service Name: _____

Student Passed Course – **YES** / **NO** (Circle One) *If no, attach explanation.*

Student Gained Certification -- **YES** / **NO** (Circle One) *If no, attach explanation*

Service Obligation:

I/C: Teach a minimum of 1 EMR or 1 EMT course within 2 years**

****I/C** year of service would not begin until fulfillment of provisions included in 109-9-1 was completed.

Course Date	
Course #	

The service obligation of this grant recipient has (check one):

- Been met
 NOT been met

I certify that the information provided is true and correct to the best of my knowledge.

Signature of Service Director

Return form to Board office upon completion of all requirements.