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

Laura Kelly, Governor

**EIG Grant - Paramedic
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*

Date Certified: if known, otherwise leave blank

Service Obligation:

Month:	# of Hours Worked	# of Hours Offered	Month:	# of Hours Worked	# of Hours Offered
1			13		
2			14		
3			15		
4			16		
5			17		
6			18		
7			19		
8			20		
9			21		
10			22		
11			23		
12			24		
Total			Total		

Students must provide 20 hours per month for 24 consecutive months with at least 20 hours per month scheduled by service.

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 24 month period.