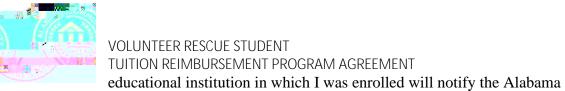


## To be Completed by the Student:

2.	ONSET OF A PHYSICAL OR PSYCHOLOGICAL CONDITION AFTER COMPLETION OF THE EDUCATIONAL COMPONENT OF THE PROGRAM BUT



Community College System accordingly.

It is understood that there is no entitlement to any state merit system benefits to anyone working under this Agreement.

I have attained the age of 19 being born on (mm/dd/yyyy):
Student signature:
Signature Date:
To be completed by Student:
Remit to:
(If this is not completed by Student, reimbursements cannot be provided):
Full name (PRINT):
Mailing Address (PRINT):
City, State, Zip:
Phone Number:
Email* (PRINT):
*email provides an avenue for ACCS to contact participants for information/communication regarding reimbursement
To be completed by EMS Education Program:
The student is enrolled in the EMT, Advanced EMT, and/or Paramedic certification program at the following institution:
Student College Identification Number:
Name of Institution (PRINT):
EMS Program Director (PRINT):
EMS Program Director Phone Number: