

EMERGENCY MEDICAL SERVICES
CONTINUING MEDICAL EDUCATION AGREEMENT

OCTOBER 1, 2015

PINELLAS COUNTY
EMERGENCY MEDICAL SERVICES AUTHORITY
12490 Ulmerton Road
Largo, FL 33774

**EMERGENCY MEDICAL SERVICES
CONTINUING MEDICAL EDUCATION AGREEMENT**

AGREEMENT made this _____ day of _____, 2016, between the Cities of Clearwater, Dunedin, Gulfport, Largo, Madeira Beach, Oldsmar, Pinellas Park, Safety Harbor, Seminole, St. Pete Beach, St. Petersburg, South Pasadena, Tarpon Springs and Treasure Island, Florida municipal corporations; the East Lake Tarpon Special Fire Control District, Lealman Special Fire Control District, Palm Harbor Special Fire Control District and Pinellas Suncoast Fire & Rescue District, Florida political subdivisions ("Contractors") and the PINELLAS COUNTY EMERGENCY MEDICAL SERVICES AUTHORITY, a special district ("Authority") known as ("Parties").

RECITALS

1. The Authority is a special district created for the purpose of providing Emergency Medical Services ("EMS") throughout Pinellas County ("County"), pursuant to Chapter 80-585, Laws of Florida and Chapter 54, Article III, Pinellas County Code, as amended ("The Acts").
2. Pursuant to The Acts, the Authority has contracted with various municipalities, independent special fire districts, and corporations to provide first responder services, ambulance services and Medical Director services.
3. Pursuant to Chapter 401, Florida Statutes, Chapter 64J-1, Florida Administrative Code and Pinellas County EMS Rules and Regulations, Paramedics and Emergency Medical Technicians ("EMTs") must meet certain Continuing Medical Education ("CME") requirements in order to be certified to provide emergency medical services in Pinellas County.
4. The Authority is responsible for providing and making available to Contractors a CME training program at multiple, regionally located training sites.
5. The Authority has determined that it is in the best interest of the Pinellas County EMS System that the CME training program be conducted under the joint

auspices of the Authority and the Contractors for first responder services and ambulance services.

6. The Authority and Contractors desire to partner and cooperate to implement and maintain a CME training program.
7. The intent is to utilize classroom training for scenario and competency based skills assessment coupled with online training to meet CME requirements.
8. Classroom based training will include making a sufficient number of classes available at regional training sites on days, times and shifts necessary to maximize the availability of first responder units and ambulances.

NOW THEREFORE, in consideration of the premises and mutual promises set forth herein, the Parties hereby agree as follows:

ARTICLE I
THE AGREEMENT

SECTION 101. RECITALS AND PURPOSE

The foregoing recitals are hereby incorporated and made part of this Agreement. The purpose of this Agreement is to define the obligations and responsibilities of the Parties hereto to enable the cooperative provision of a comprehensive CME training program.

SECTION 102. COOPERATION

The Parties shall cooperate and use all reasonable efforts, pursuant to the terms of this Agreement, to facilitate the terms of this Agreement.

SECTION 103. CONTRACT DOCUMENTS

The following Appendix is attached to and made part of this Agreement:

Appendix A. List of Contractors

Appendix B. Reimbursement Form

ARTICLE II
DEFINITIONS

SECTION 201. WORDS AND TERMS

Terms used but not defined in this Agreement shall have the same meaning as those terms in the Emergency Medical Services ALS First Responder Agreement between the Authority and Contractors.

Unless the context otherwise requires, capitalized terms used herein shall have the following meanings ascribed to them:

"Continuing Medical Education Training Program" or "CME Training Program" means the medical education training program, through distance learning or classroom based courses, provided in accordance with the EMS Rules & Regulations.

"CME Instructor" means a County Certified Paramedic or County Certified registered nurse, employed and approved by a Provider Agency, who meets the qualifications set forth in the EMS Rules and Regulations and is approved by the Medical Director. CME Instructors may be utilized to teach regular CME classes, specialized Courses, EMS System orientation or serve as a subject matter expert, curriculum developer or to complete a specific task assignment.

"Course" means any individual CME offering available online or through a sufficient number of classroom based training classes. Regular CME Courses, whether online or classroom based, will be two (2) hours in duration.

"EMS Director" means the Authority's Director of the EMS System or his/her designee.

"Learning Management System" means the integrated fire and EMS software system utilized by Provider Agencies for online training, classroom based training attendance tracking, in-service education; dissemination of administrative and medical control directives, tracking receipt of protocols and directives, skill assessment and testing results. Authority's staff and Medical Director shall have administrative rights to upload

and post CME curriculum, in-service training modules, administrative and medical control directives, run attendance and grade reports for all students, and reports for CME Instructor activity. All Contractors will utilize the common software platform, Target Solutions, or a successor software product as determined by the Authority upon agreement with the CME steering committee as defined in the EMS Rules and Regulations.

ARTICLE III

OBLIGATIONS, COMPENSATION AND OTHER FINANCIAL PROVISIONS

SECTION 301. PROVISION OF CME. Contractors will use their best efforts to provide a sufficient number of CME Instructors to conduct courses. The Authority will use its best efforts to provide a sufficient number of classes available at regional training sites on days, times and shifts necessary to maximize the availability of First Responder units and ambulances up to one hundred eighty (180) classes per regular CME Course or ninety (90) classes for paramedic only CME Courses. Contractors understand the Authority is responsible for the provision of CME instruction and if the pool of CME Instructors made available by the Contractors is deemed inadequate or insufficient by the Authority, the Authority may elect to provide the CME program directly or through another means.

SECTION 302. REIMBURSEMENT FOR CME INSTRUCTORS. The Authority shall reimburse each Contractor for the actual cost of salary and benefits up to \$60.00 per hour for overtime or backfill costs for the Contractor's CME Instructor hours that are actually performed and preapproved in writing, through the published master EMS training calendar, by the Authority. Contractor may establish a rate of pay for CME Instructor which shall be subject to the \$60.00 per hour cap. The Authority shall not reimburse Contractor for the personnel costs for students to attend Courses or CME Instructor hours that are not preapproved in writing. Contractor shall submit invoices to Authority utilizing Exhibit B within twenty (20) days following the last day of each month. Contractor shall be reimbursed monthly in arrears.

SECTION 303. FISCAL NON-FUNDING. In the event sufficient budgeted funds are not available for a new Fiscal Year, the Authority shall timely notify Contractor of such occurrence prior to the end of the current Fiscal Year and this Agreement shall terminate on the last day of the current Fiscal Year.

SECTION 304. NOT TO EXCEED CAP.

The cumulative, not-to-exceed budgeted amount for all CME Instructor reimbursement for all Contractors for the Fiscal Year 2015-2016 under this Agreement, and the analogous provisions of the corresponding Ambulance Services Agreement, as amended, is Five Hundred Thousand Dollars (\$500,000.00).

The Authority shall reimburse annually, in the first payment in each Fiscal Year, the Contractor's cost for the use of the Learning Management System for its students. Such reimbursement shall be fifty percent (50%) of the costs of use of the Learning Management System up to \$50 per student per Fiscal Year (does not include payment for student training time).

For each year during the term of this Agreement, the total compensation amounts shall be established through the Authority's budget process, but in no event, shall the cumulative compensation to all Contractors for all payments under this Agreement, and payment for the analogous training provisions of the Ambulance Services Agreement, as amended, for any Fiscal Year exceed Six Hundred and Fifty Thousand Dollars (\$650,000).

It is recognized by the Parties that no payment may be compelled or made without a budget amendment approved by the Authority for any compensation that exceeds the total compensation authorized through the Authority approved budget for CME training. It is further agreed and understood among the Parties that the Authority may not compel the Contractors to incur expenses beyond the Authority's approved budget amount until such time as a budget amendment raising such budget is approved.

ARTICLE IV

INSURANCE AND INDEMNIFICATION

SECTION 401. INSURANCE REQUIREMENTS. Contractors and Authority adopt and incorporate herein the Minimum Insurance Requirements and Additional Insurance Requirements of the Emergency Medical Services ALS First Responder Agreement.

SECTION 402. LIABILITY. Contractors and Authority agree to be fully responsible for their own acts of negligence or their respective agents' acts of negligence when acting within the scope of their employment, and agree to be liable for any damages resulting from said negligence. Nothing herein is intended to serve as a waiver of sovereign immunity or the limits of liability contained in Section 768.28, Florida Statutes, by the Contractor, County or Authority. Nothing herein shall be construed as consent by Contractor or Authority to be sued by third parties in any manner arising out of this Agreement. Contractor is not liable for the causes of action arising out of the negligence of the Authority, its employees or agents, or arising out of the negligence of any persons or entities contracted by, appointed by, or approved by the Authority to provide services related to this Agreement (including but not limited to other Contractors, the Ambulance Contractor, Medical Control Board and Medical Director.) This Section 402 shall survive expiration or earlier termination of this Agreement.

ARTICLE V

TERM AND TERMINATION

SECTION 501. TERM OF AGREEMENT. This Agreement shall be for a term of two (2) years beginning on October 1, 2015, and shall expire on September 30, 2017. This Agreement may be renewed for two (2) additional one (1) year terms at the end of the initial term through written agreement of the Parties.

SECTION 502. TERMINATION WITHOUT CAUSE. This Agreement may be terminated without cause by any Party at any time, upon giving ninety (90) days written notice to all Parties in accordance with Section 604.

SECTION 503. EFFECTIVE DATE. The effective date of this Agreement shall be retroactive to October 1, 2015 for reimbursement purposes.

ARTICLE VI
MISCELLANEOUS

SECTION 601. CONTRACTOR IS INDEPENDENT CONTRACTOR. The Parties agree that throughout the term of this Agreement, and during the performance of any obligations hereunder, Contractor is an independent contractor in all respects and shall not be the agent, servant, officer or employee of the Authority or the County.

SECTION 602. APPLICABLE LAWS. Florida Law shall govern the validity, interpretation, construction and performance of this Agreement.

SECTION 603. COUNTERPARTS. This Agreement may be executed in more than one counterpart, each of which shall be deemed an original.

SECTION 604. NOTICES. All notices, consents, and agreements required or permitted by this Agreement shall be in writing, and, as applicable, shall be transmitted by registered or certified mail, return receipt requested, with notice deemed to be given upon receipt, and shall be addressed as follows:

If to Authority: Executive Director, Pinellas County EMS Authority
Pinellas Country EMS & Fire Administration
12490 Ulmerton Road – Suite 134
Largo, Florida 33774

If to Contractor: See **Appendix A.**

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.


ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

APPROVED AS TO FORM

By: 

Office of the County Attorney

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

Countersigned:

CITY OF CLEARWATER, FLORIDA

by: George Cretkos
Mayor

by: William B. Heine II
City Manager

Approved as to form:

Attest:

by: Robert J. Scully
Assistant City Attorney

by: Esmeralda Cook
City Clerk



IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

Countersigned:

CITY OF DUNEDIN, FLORIDA

by: Julie Ward Bryant
Mayor

by: [Signature]
City Manager

Attest:

Approved as to Form:

by: Dennis Kilpatrick
City Clerk

by: [Signature]
City Attorney

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.


ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

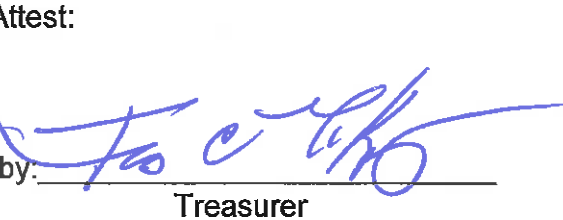
by: _____
Chairman

Countersigned: East Lake Tarpon
Special Fire Control District

by:  _____
Chairman

by:  _____
Secretary

by:  _____
Vice Chairman

Attest:
by:  _____
Treasurer

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

Countersigned:

CITY OF GULFPORT, FLORIDA

by: James E. O'Billy
City Manager

APPROVED AS TO FORM:

Attest:

by: [Signature]
City Attorney

by: [Signature]
City Clerk

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

Countersigned:

CITY OF LARGO, FLORIDA

by:  _____
Mayor

by:  _____
City Manager

Reviewed and Approved:

Attest:

by:  _____
City Attorney

by:  _____
City Clerk



IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

LEALMAN SPECIAL FIRE CONTROL DISTRICT

by: Rebecca Harrison
Chairperson, Board of Commissioners

by: Virnia Campbell
Secretary/Treasurer

APPROVED AS TO FORM:

by: [Signature]
Attorney for Fire District

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

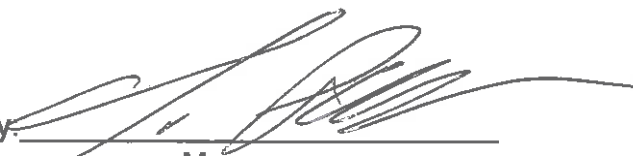
PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

Countersigned:

CITY OF MADEIRA BEACH, FLORIDA

by: 

Mayor

by: 

City Manager

APPROVED AS TO FORM:

Attest:

by: 

City Attorney

by: 

City Clerk

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

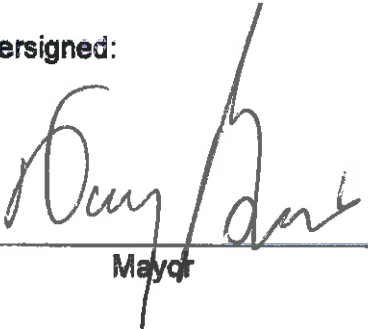
PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

Countersigned:

CITY OF OLDSMAR, FLORIDA

by: 
Mayor

by: 
City Manager

APPROVED AS TO FORM:

Attest:

by: 
City Attorney

by: 
City Clerk

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

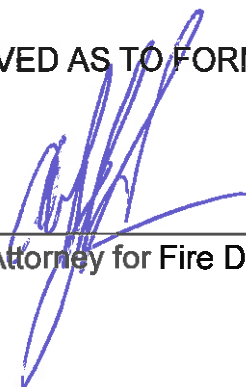
by: _____
Deputy Clerk

by: _____
Chairman

PALM HARBOR SPECIAL FIRE CONTROL
AND RESCUE DISTRICT

by:  _____
Chairman, Board of Commissioners

APPROVED AS TO FORM:

by:  _____
Attorney for Fire District

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

Countersigned:

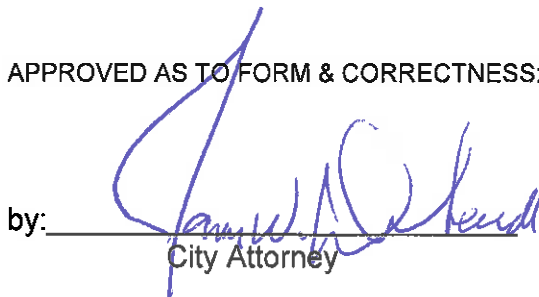
CITY OF PINELLAS PARK, FLORIDA

by: 
Mayor

by: 
City Manager

APPROVED AS TO FORM & CORRECTNESS:

Attest:

by: 
City Attorney

by: 
City Clerk

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

Countersigned: Pinellas Suncoast
Fire & Rescue District

Attest:

by:  _____
Chairman, Board of Commissioners

by:  _____
Secretary/Treasurer

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

Countersigned:

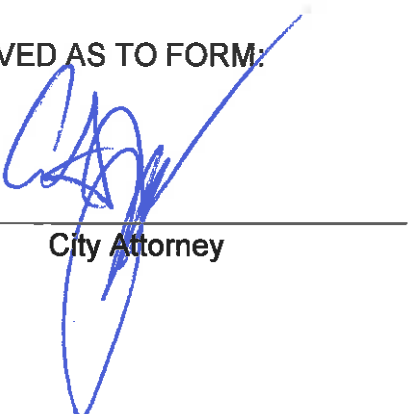
CITY OF SAFETY HARBOR, FLORIDA

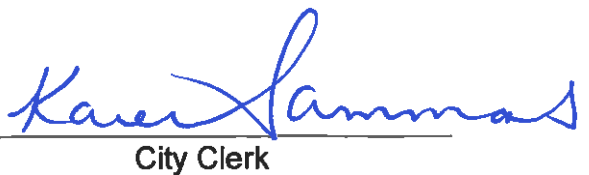
by:  _____
Mayor

by:  _____
City Manager

APPROVED AS TO FORM:

Attest:

by:  _____
City Attorney

by:  _____
City Clerk

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

Countersigned:

CITY OF SEMINOLE, FLORIDA

by: *Ann Loney-Deal*
City Manager

APPROVED AS TO FORM:

by: *[Signature]*
City Attorney

Attest:

by: *Patricia A. Beliveau*
City Clerk

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

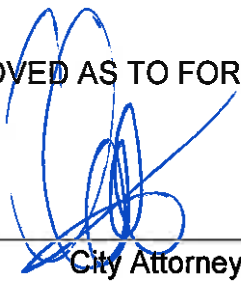
by: _____
Chairman

Countersigned:

CITY OF SOUTH PASADENA, FLORIDA

by: Max V. Edson
Mayor

APPROVED AS TO FORM:

by: 
City Attorney

Attest:

by: Carley Lewis
City Clerk

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this 14th day of June, 2016.

ATTEST:
KENNETH BURKE, CLERK


PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

Countersigned:

CITY OF ST. PETE BEACH, FLORIDA

by:  _____
Mayor

by:  _____
City Manager

APPROVED AS TO FORM:

Attest:

by:  _____
City Attorney

by:  _____
City Clerk

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

Countersigned:

CITY OF ST. PETERSBURG, FLORIDA

by: *[Signature]*

Print: CARY G. CORNWELL

Title: CITY ADMINISTRATOR

APPROVED AS TO CONTENT AND FORM
FOR CITY OF ST. PETERSBURG ONLY:

Attest:

by: _____
City Attorney (designee)

[Signature]
City Clerk



IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners

by: _____
Deputy Clerk

by: _____
Chairman

Countersigned:

CITY OF TARPON SPRINGS, FLORIDA

by: *C. J. Alabouze*
Mayor

by: *M. Helin*
City Manager

APPROVED AS TO FORM:

Attest:

by: *[Signature]*
City Attorney

by: *Jane S. Jacobs*
City Clerk



IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2016.

ATTEST:
KENNETH BURKE, CLERK

**PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY
By and through its Board of County
Commissioners**

by: _____
Deputy Clerk

by: _____
Chairman

Countersigned:

CITY OF TREASURE ISLAND, FLORIDA

by: Robert Manning
Mayor

by: [Signature]
City Manager

APPROVED AS TO FORM:

Attest:

by: [Signature]
City Attorney

by: [Signature]
City Clerk

**Appendix A
 List of Contractors**

City Manager CITY OF CLEARWATER 112 S. Osceola Avenue Clearwater, FL 33756	City Manager CITY OF PINELLAS PARK P O Box 1100 Pinellas Park, FL 33780-1100
City Manager CITY OF DUNEDIN P O Box 1348 Dunedin, FL 34697	Chairman, Board of Fire Commissioners PINELLAS SUNCOAST FIRE & RESCUE DISTRICT 304 First Street Indian Rocks Beach, FL 33785
Chairman, Board of Commissioners EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT 3375 Tarpon Lake Boulevard Palm Harbor, FL 34685	City Manager CITY OF SAFETY HARBOR 750 Main Street Safety Harbor, FL 34695-3597
City Manager CITY OF GULFPORT 2401 53rd Street South Gulfport, FL 33707	City Manager CITY OF ST. PETE BEACH 155 Corey Avenue St. Pete Beach, FL 33706-1701
City Manager CITY OF LARGO P O Box 296 Largo, FL 33779-0296	Mayor CITY OF ST. PETERSBURG 175 Fifth Street North St. Petersburg, FL 33701
Chairman, Board of Commissioners LEALMAN SPECIAL FIRE CONTROL DISTRICT 4360 55th Avenue North St. Petersburg, FL 33714	City Manager CITY OF SEMINOLE 9199 113th Street North Seminole, FL 33772-2806
City Manager CITY OF MADEIRA BEACH 300 Municipal Drive Madeira Beach, FL 33708	City Clerk CITY OF SOUTH PASADENA 7047 Sunset Drive South South Pasadena, FL 33707-2895
City Manager CITY OF OLDSMAR 100 State Street West Oldsmar, FL 34677-3655	City Manager CITY OF TARPON SPRINGS 324 Pine Street East Tarpon Springs, FL 34689
Chairman, Board of Commissioners PALM HARBOR SPECIAL FIRE CONTROL DISTRICT 250 W. Lake Road Palm Harbor, FL 34684	City Manager CITY OF TREASURE ISLAND 120 1 08th Avenue Treasure Island, FL 33706-4794



CME INSTRUCTOR REIMBURSEMENT FORM

Agency _____
 CME Instructor Name _____

	Course Name (a)	Date	Start Time	Stop Time	Location	PCEMS Authorized Class Code (b)	Straight Time (ST) Overtime (OT) Backfill (BF)	Backfill Name (c)	Hours Worked (d)	Hourly Rate w/ benefits	Total Cost
1											\$ -
2											\$ -
3											\$ -
4											\$ -
5											\$ -
6											\$ -
7											\$ -
8											\$ -
9											\$ -
10											\$ -
11											\$ -
12											\$ -
13											\$ -
14											\$ -
15											\$ -
TOTAL Reimbursement Amount:											\$ -

Print Name & Title _____ Submitted By - Authorized Signature _____ Date _____

Notes:

- (a) One Instructor per form
- (b) Course Name (i.e. January 2016 CME, EMS System Orientation, PHTLS, ACLS, TCCC, etc.)
- (c) For reimbursement the class must be preauthorized by PCEMS through the issuance of a Authorized Class Code.
- (d) First Name, Last Name of person covering - must be same rank or below.
- (e) Actual Hours Worked - Up to 60 minutes for preparation/setup, breakdown, paperwork and travel for each Class.