

Student Agreement (without EMS Sponsor)

Student's Name: _____

Mailing Address: _____

County of Residence: _____

County of EMS Services: _____

Phone Number: _____

Email: _____

EMT-B

AEMT

EMT-P

I, _____ (student printed name), agree to provide (1) year of service as an Texas EMS Provider in an ambulance at the EMT-B level or two (2) years as an AEMT or Paramedic for which I received this education in one of the following counties: Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Knox, Mitchell, Nolan, Shackelford, Stephens, Stonewall, Taylor, Throckmorton. The commitment is 96 hours per month until completed. In return for receiving the EMSE scholarship under the 87th Texas Legislature, Senate Bill 8, I will successfully complete the class and the NREMT certification examination.

By checking this box , I understand that failure to complete the required year(s) of service may cause the Texas Department of State Health Services to take administrative action against me, including but not limited to tuition repayment.

By checking this box , I understand that if I drop or fail the course; fail the NR exam; or do not become certified at the level of education received; I have to return the full amount of the scholarship to the Big Country RAC.

By checking this box , I understand that if I am not able to fulfill my service (as listed above) in one of the following counties: Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Knox, Mitchell, Nolan, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, I will complete the required service in a rural area of Texas or I have to return the full amount of the scholarship to the Big Country RAC.

(**Rural** Criteria: A county or area with less than 50,000 in population, and EMS care exists with a response time of ten minutes or more.)

Signature: _____

Date: _____