

Rural EMS Training Program Monitoring Report

Rural EMS Training Grant number: _____

Rural EMS Training Organization name: _____

Progress Report period: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Please provide the following information for the current progress performance period (6 months):

1. The number of EMS personnel recruited:
2. The number of EMS personnel enrolled in training:
3. The number of EMS personnel who became licensed/certified as a result of funding support in this grant program:
4. The number of courses offered/conducted that qualify graduates to serve in an EMS agency:
5. The number of courses on mental and substance use disorders offered as a result of this funding:
6. The number of specific trainings funded out of this grant to meet Federal or State licensing or certification requirements:
7. The number of technology-enhanced educational methods developed to educate EMS providers:
8. List of emergency medical equipment or supplies purchased with the grant funds: