



## **Law Enforcement Officers, Professional Firefighters, and Emergency Medical Technicians Career Development, Recruitment and Retention Program**

### *Community College System of New Hampshire Tuition and Fee Reimbursement Program*

Funding has been made available by the State of New Hampshire to support the career development, recruitment and retention of emergency response personnel working in the Granite State.

Eligible first responders can take a course at any of New Hampshire's community colleges, including courses offered by CCSNH online. The program covers tuition and required fees for one course per semester, subject to eligibility and available funding. Participating employees will be certified as eligible by their employers and will be reimbursed upon successful completion of the course (completing the course with a grade of C or better). Find programs and courses offered at each college on the [Programs at a Glance page](#), or on the college [websites](#).

**Note:** some courses may have prerequisites or be subject to space limitations. Law Enforcement Officers and current full-time career, part-time, on-call or volunteer Firefighters and Emergency Medical Technicians are eligible under this program.

You must submit this application to the Bursar's Office of the college offering the course. Course must be paid in full by a refundable method of payment to qualify for reimbursement. Forms can be submitted upon registration or no less than 14 days prior to the end of the term.



**Section 1: PERSONAL INFORMATION (Incomplete applications will not be processed.)**

Legal First name:	Middle	Legal Last name:	Suffix:	*EMS License # or NELP #:		
Email address:			Last 4 of SSN:	DOB:	M	F
PO Box/Street:		Town/City:		State:	Zip:	
Cell Phone:		Home Phone:				

**Section 2: COURSE INFORMATION**

Course Name:	Reimbursement Amount Requested:
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**Section 3: APPLICANT AFFIRMATION AND SIGNATURE**

I certify that the information on this application is correct, and I understand that falsification of information may result in denial or recoupment of tuition reimbursement. I understand and agree to abide by the rules, policies, and reimbursement policy of the Law Enforcement Officers, Professional Firefighters, and Emergency Medical Technicians Career Development, Recruitment, and Retention Program. I hereby authorize release of any, and all, information concerning my enrollment in this course to the chief officer in charge or designee of my organization, the Community College System of New Hampshire, the Division of Fire Standards and Training and Emergency Medical Services and Police Standards and Training.

<b>Signature of Applicant:</b>	<b>Date:</b>
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**Section 4: COURSE REIMBURSEMENT RECIPIENT**

**Section 4A: NAME OF EMPLOYER**

**Section 4B: EMPLOYER AUTHORIZATION FOR REIMBURSEMENT**

The employer representative signature below, for the employer listed above, signifies a recommendation for reimbursement of eligible tuition to the student or employer listed above by the program.

<b>Name of Agency Representative:</b>	<b>Position:</b>
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**Email Address:**

<b>Signature of Representative:</b>	<b>Date:</b>
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<p>For further information on the Law Enforcement Officers, Professional Firefighters, and Emergency Medical Technicians Career Development, Recruitment, and Retention Program go to:</p> <p><a href="http://www.ccsnh.edu/firstresponder">www.ccsnh.edu/firstresponder</a></p>	<p><b>NOTE:</b> You must submit this application to the Bursar's Office of the college offering the course. Course must be paid in full by a refundable method of payment to qualify for reimbursement. Forms can be submitted upon registration or no less than 14 days prior to the end of the term.</p>
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