

# State of New Hampshire DEPARTMENT OF SAFETY

## Division of Fire Standards and Training & Emergency Medical Services

www.nh.gov/safety/divisions/fstems



## Law Enforcement Officers, Professional Firefighters, and Emergency Medical Technician Career Development Program

Fire Academy Reimbursement

The State of New Hampshire has made funding available to support the recruitment, career development, and retention of emergency response personnel.

Any member employed by a New Hampshire fire department, or a graduate of the New Hampshire fire academy who becomes employed, is eligible to receive full reimbursement for the cost of the academy not covered by other funding sources. The entity that paid for the cost is also eligible for reimbursement. Students must have their employer's approval.

The criteria and procedures for this program have been set by the Career Development, Recruitment and Retention Program Committee established in RSA 188-F:71. To be eligible for this program a student must be a current full-time career, part-time, on-call or volunteer member who has successfully completed a program and obtained certification in the approved courses as listed below.

Courses completed after July 1<sup>st</sup>, 2023, are eligible for reimbursement under this program. Please contact the Division of Fire Standards and Training and EMS with any questions.

#### **Packet Contents**

- Instructions
- Application for Reimbursement
- List of Eligible Programs

#### **Basic Instructions**

All reimbursement documentation packets must be submitted to the **Community College System of New Hampshire** for initial review <u>as soon as possible</u> following the completion of the class. The Community College System will verify each student's successful completion of the certification, which will determine their reimbursement eligibility. Reimbursement will be available to the extent of available funds.

- 1. Complete the application for reimbursement form for each student who attended the training and is seeking reimbursement.
- 2. Attach certifications received from the class for which reimbursement is being sought.
- 3. Attach a copy of the payment verification.
- 4. Attach a completed W-9 form (available on IRS.gov)
- 5. Submit the items in 1-4 above to the Community College System for processing at the address below:

December 2023 (Ver. 1.1)

## **Community College System of New Hampshire**

Director of Financial Operations 26 College Drive Concord, NH 03301

### **Courses Eligible for Reimbursement**

Airport Firefighter

Driver/Operator: All Vehicle

Driver/Operator: Pumping Apparatus Driver/Operator: Aerial Apparatus Emergency Medical Responder

Fire & Emergency Services Instructor I Fire & Emergency Services Instructor II Fire & Emergency Services Instructor III

Fire Inspector I

Fire Inspector II

Fire Officer I

Fire Officer II

Firefighter I

Firefighter II

Firefighter I & II (Combined, Recruit School)

Ice Rescue Technician

Rope Rescue Awareness

Rope Rescue Operations

Rope Rescue Technician

Trench Rescue

Confined Space Rescue Technician

Fire Investigator

Hazardous Materials – Operations

Hazardous Materials – Decontamination

Hazardous Materials - Technician

Swiftwater Rescue I

Swiftwater Rescue II

Swiftwater Rescue - Boat Operator

**Note:** All courses are subject to space limitations and may have enrollment prerequisites.

December 2023 (Ver. 1.1)



## New Hampshire Department of Safety Division of Fire Standards and Training & Emergency Medical Services

Mailing: 33 Hazen Drive, Concord, NH 03305 Physical: 98 Smokey Bear Boulevard, Concord, NH

Phones: (Toll free) 800-371-4503 (Local) 603-223-4200 (Fax) 603-271-1091 Email: fstems@dos.nh.gov

## **Application for Tuition Reimbursement**

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

Section 1: PERSONAL INFORMATION (Incomplete applications will not be processed.)										
egal First name: Middle Legal Last name			ne:	Suffix: *EN			1S License # or NELP #:			
Email address:				Last 4 of SSN:		SSN:	DOB:			F
PO Box/Street:			Town/City:				State:	Zip:		
Cell Phone:				me Phone:						
Section 2: COURSE INFO	ORMATION	N								
Course Name:				Reimbursement Amount Requested:						
Section 3: APPLICANT A	FFIRMAT	ION AND SI	GNATURE				-			
I certify that the information or recoupment of tuition reimbur Enforcement Officers, Professi Program. I hereby authorize redesignee of my organization, the Emergency Medical Services.	sement. I ur onal Firefigh elease of an	nderstand and a ters, and Emerg y, and all, infor	igree to ab gency Medi mation con	ide by the rules, po cal Technicians Ca cerning my enrolln	olicies, and reer Develo nent in this	reimb pmen cours	ursement t, Recruitm e to the ch	policy of the nent, and Ret lief officer in	Law entior charge	
Signature of Applicant:			Dat	e:						
Section 4: COURSE REIMBURSEMENT RECIPIENT										
Section 4A: DEPARTMENT N	IAME									
Section 4B: DEPARTMENT	AUTHORIZ/	ATION FOR RE	IMBURSE	MENT						
The department representative eligible tuition to the student of					fies a recor	mmen	dation for r	eimburseme	nt of	
Name of Agency Representative:			Pos	Position:						
Email Address:										
Signature of Representative:			Dat	Date:						
For further information on the Law Enforcement Officers, Professional Firefighters, and Emergency Medical Technicians Career Development, Recruitment, and Retention Program go to:  https://www.nh.gov/safety/divisions/fstems/			to t	You must attach a copy of the course certificate, completed W-9 form, and a copy of payment verification to this application and then submit documents to:  Community College System of New Hampshire  Director of Financial Operations 26 College Drive						on
				cord, NH 03301						