



STUDENT COURSE FEE SUMMARY FOR STATE REIMBURSED BLS TRAINING PROGRAMS

109 Governor Street, Suite UB-55 Richmond, Virginia 23219 1-800-523-6019 (VA only) 804-864-7600 FAX: 804-864-7580

Course Coordinator Information:

Name: _____ Cert #: _____

Course Information- Course # _____ (If known)

Type of Program:(Check appropriate box)

- First Responder Basic
First Responder Required Topics (9 Hours)
First Responder Required Topics + 9 hrs Cat 2 (18hr program)
EMT-Basic
EMT-B Required Topics (24 Hours)
EMT-B Required Topics + 12 hrs Cat 2 (36hr program)
BLS - Continuing Education Program - Main Course Topic # _____ (If known)

Program Location - Facility: _____

Course Fee Information -

TOTAL PER STUDENT FEE CHARGED: _____ \$

Student Fee Itemization: (List ALL items included in above student fee.)

Table with 2 columns: Item Name, Amount (\$). Items include Primary Textbook, Secondary Text/Workbook, Photocopies/Handouts/Test Materials, Disposable Medical Supplies, Disposable Trauma Supplies, and Other Supplies or Equipment provided.

Horizontal lines for additional student fee itemization.

Course Coordinator Signature: _____ Date Signed: _____

SUBMISSION OF THIS FORM (OR SIMILAR INFORMATION LISTING) REQUIRED IF STUDENT COURSE FEES \$50 or > WILL BE CHARGED TO SUPPLEMENT STATE REIMBURSEMENT