



CLINTON COUNTY OFFICE OF EMERGENCY SERVICES

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CLINTON COMMUNITY COLLEGE EMS TRAINING PROGRAM

INSTRUCTIONS FOR COMPLETING REIMBURSEMENT VOUCHER FORMS

Reimbursement for tuition expenses paid at the beginning of an EMT's EMS training program offered by Clinton Community College can be obtained after the class is completed and the student receives his/her certification card.

To obtain reimbursement for the full tuition (tuition only, not text or other training materials) the agency requesting reimbursement must complete a State of New York STANDARD VOUCHER (form AC 92).

The following sections must be completed. A sample voucher form in a pdf format is provided on the Clinton County Emergency Services webpage under the Clinton County EMS section. The sample voucher can be used in conjunction with these instructions to complete your department/squads submission.

It is recommended that the Voucher be completed and submitted as soon as the student receives his/her certification card.

Instructions:

1. Obtain a blank form AC 92 from the EMS Coordinators Office (Wendy will have forms for pick up)
2. Box 1: Fill in with "NYS Department of Health" – Agency Code is "12000"
3. Box 3: Insert your agencies Federal Tax ID number
4. Box 4: Insert your agencies name and address information (information for the intended receiver of the reimbursement check)
5. Box 6: Insert the Course Type. Options are:
 - a. EMT Basic Original
 - b. EMT Basic Refresher
 - c. EMT Critical Care Original
 - d. EMT Critical Care Refresher
 - e. EMT Intermediate Rapid Recertification
 - f. EMT Critical Care Rapid Recertification

Box 6 continued:

Insert the Course number: This is a State Issued number specific to each course offered and will be provided to the student by the instructor. Course numbers are also available at the Coordinators Office.

Insert the Sponsor Code: The Sponsor Code is “02-057”

6. Box 6 A: Check the box for “Voucher for EMS Training” and check the box to the right for “Final”.
7. Number of graduates: Insert the number of course graduates you are billing for. This number should match the number of Certification cards you will be submitting. You cannot voucher for potential graduates or students that did not receive a certification card.

Insert the billing rate for the class you are billing for. Options are:

- a. \$700.00 EMT Basic Original
- b. \$335.00 EMT Basic Refresher
- c. \$1200.00 EMT Critical Care Original
- d. \$700.00 EMT Critical Care Refresher
- e. \$50.00 EMT Intermediate Rapid Recertification
- f. \$50.00 EMT Critical Care Rapid Recertification

Multiply the rate by the number of students completing and being submitted for and insert it to the right. Carry the total and fill in the Total Claimed box.

Insert the course start date (If unsure see course schedules or contact the EMS Coordinator).

Insert the Written exam date (If unsure see course schedules or contact the EMS Coordinator).

8. Box 7: Complete box 7 with a signature and date as well as the name of the agency and the signatory title. Also be sure and carry the total voucher requested amount down into the total box as well as the Net box to the right.
9. No other boxes or information need be completed on the Voucher form.
10. Attach a copy the EMT Certificate and Clinton Community College payment receipt for each student you are seeking reimbursement for and mail the completed voucher and attachments to the following address:

NYS DOH
Bureau of EMS
433 River Street
Troy, NY 12180

Should you have any questions please contact the EMS Coordinator, Storm Treanor at 518-593-2740 or via email at treanors@co.clinton.ny.us.