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## AGENCY EDUCATION APPROVAL

This page is required if your schooling is being paid by a Fire Department or EMS Agency.  
Please print, scan, and email, or mail to Central Ohio EMS Training

Name of Applicant \_\_\_\_\_

Course Enrolled In \_\_\_\_\_

Name of Sponsoring Agency \_\_\_\_\_

Address of Sponsoring Agency \_\_\_\_\_

I approve this applicant's enrollment and our department/agency has agreed to pay the following expenses:

- \_\_\_\_\_ All course expenses
- \_\_\_\_\_ Full Tuition
- \_\_\_\_\_ Partial tuition: \$ \_\_\_\_\_
- \_\_\_\_\_ Textbook package
- \_\_\_\_\_ Platinum EMS Testing
- \_\_\_\_\_ Uniform Shirts; 1 classroom - 1 clinical

Print Name of Authorizing Official \_\_\_\_\_

Signature of Authorizing Official \_\_\_\_\_

Title \_\_\_\_\_

Contact Number \_\_\_\_\_

Date \_\_\_\_\_

Sponsoring agencies will be invoiced for the above approved expenses.

Note: Expenses may be invoiced separately or at intervals