



EMS SYSTEMS GRANT/SITE SURVEY REIMBURSEMENT

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 53690 (02/2021)



Submit a separate reimbursement form for each site visit. Payment will be made to the hospital, not the individuals listed. The completed form along with any additional application requirements must be submitted to the Division within five days of site survey completion.

SURVEY INFORMATION

Type of Survey	Cardiac	Stroke	Trauma
Application Date	Hospital Surveyed		
Survey Date	Location		


REQUESTED REIMBURSEMENT EXPENSES

Check Appropriate Box(es):	Mileage (Total miles _____)				
Name _____	\$800 Physician reviewer on-site	Breakfast	Lunch	Dinner	
Name _____	\$500 Nurse reviewer on-site	Breakfast	Lunch	Dinner	
Name _____	\$400 Physician reviewer virtual	Breakfast	Lunch	Dinner	
Name _____	\$250 Nurse reviewer virtual	Breakfast	Lunch	Dinner	

Upon completion of a site visit survey using the expert assistance of a physician or RN as checked above, the hospital listed below has met the eligibility requirements of the Training Grant Funds Distribution - Site Survey Policy of the Division of Emergency Medical Systems.

HOSPITAL INFORMATION

Hospital	Hospital EIN (Tax ID number)		
Street Address / PO Box	City	State	ZIP Code
Email	Telephone Number	Fax Number	
Authorized Signature	Title		

 <p>Division of Emergency Medical Systems ND Department of Health 1720 Burlington Dr - Ste A Bismarck ND 58504-7736</p> <p>- OR -</p> <p>dems@nd.gov</p>	DEMS USE ONLY	
	Approved for Payment: 6631-HL1259-03	
	Physician reviewer on-site	\$800.00
	Nurse reviewer on-site	\$500.00
	Physician reviewer virtual	\$400.00
	Nurse reviewer virtual	\$250.00
	Breakfast (____x \$7.00)	\$_____
	Lunch (____x \$10.50)	\$_____
	Dinner (____x \$17.50)	\$_____
	Travel (____miles x \$0.____per mile)	\$_____
Total \$_____		
Vendor Number and Location: _____		

Site survey reimbursement forms must receive appropriate system coordinator approval as well as division director approval prior to being sent for payment processing.

DEPARTMENT APPROVALS

Name (Print)		Name (Print)	
Name	Date	Name	Date
Title		Title	