

THURSTON COUNTY MEDIC ONE

PARAMEDIC (ALS) CONFERENCE / LITERATURE APPROVAL REQUEST

(APPROVAL IS REQUIRED 45 DAYS IN ADVANCE OF ATTENDANCE / PURCHASE)

- ☐ Paramedic will register for the class/purchase literature (reimbursement)*
☐ Medic One will register for the class/purchase literature (pre-registration)

This form must be completed in its entirety or it will be returned to Applicant

Applicant Name:		Date of Application:	
Address:	Phone No.:	Email:	

ATTACH CONFERENCE BROCHURE TO THIS APPLICATION

Conference Name / Title of Literature:	Conference Date(s) / Publication Year and ISBN:
Location of Conference / Web Address for Literature Purchase:	Form of Travel (if you are driving, provide the address of your starting point):
Registration Fee / Cost of Literature:	Additional Expenses (please explain):

If this conference requires personal information, you will receive an email from the Medic One office. Respond as soon as possible to avoid delay in your registration.

***Reimbursements** must be accompanied by receipts and a signed reimbursement form.

Meal & Incidental Expenses:

If this conference requires an overnight stay, per diem (meals & lodging) is paid at the current per diem rate for the location of the conference. Meals are paid at 75% of the cost for travel days. Lodging will not be reimbursed without the hotel receipt.

Applicant Signature:	Date:
ALS Agency Approval Signature:	Date:
Medic One Approval Signature:	Date:

MEDIC ONE OFFICE USE ONLY

Received by Medic One (date):	Date of Registration:
Registration Confirmation No.:	Emailed Registration to Applicant (date):