

Pueblo County Emergency Medical Advisory Council
Tuition Application

Applicant Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Agency Represented: _____

Class or Conference: _____

Location: _____

Dates: _____

Cost of class: _____ Cost of Books: _____ **TOTAL Cost:** _____

Reason for attending: _____

- No Mileage or per diem will be paid to applicants unless approved prior to class.
- You must be willing to do work related to the course taken.
- You must provide verification of completion of course taken.

Applicant Signature: _____ Date: _____

Agency Authorization Signature: _____ Date: _____

For Council use only:	APPROVED	NOT APPROVED
Comments: _____		

Chairperson Signature: _____		Date: _____
Co-Chairperson Signature: _____		Date: _____