

# List of online questions for: CP-C Scholarship Application ~ Oregon ORH EMS SUPPLEMENT FLEX GRANT

---

## Certified Community Paramedic (CP-C) ORH Scholarship Application

The Oregon Office of Rural Health is pleased to announce the availability of funding assistance to rural EMS agencies and individuals through HRSA's Medicare Rural Hospital Flexibility EMS Supplement Grant. This funding provides scholarships to individuals for accelerated online training and certification to become a Certified Community Paramedic (CP-C).

CP-C scholarship applications are considered when submitted on a rolling basis.

To be considered for this funding applicants:

Must be sponsored by or affiliated with an Oregon EMS agency, and

Must be affiliated with an EMS agency located in a designated rural area, based on the following standardized tool: <https://www.ruralhealthinfo.org/am-i-rural>. (If you need any assistance completing this step, please contact Joan Field at [fieldj@ohsu.edu](mailto:fieldj@ohsu.edu))

### Terms used:

Affiliated or sponsoring agency (used interchangeably): Refers to the agency that the applicant will utilize the CP-C certification with.

CP-C: Certified Community Paramedic

CP-MIH program: Community paramedicine or mobile integrated healthcare program

---

If you are applying for this funding assistance, please confirm the following (select each that apply):

☐

You, or the affiliated EMS agency, are located in a designated rural area, based on the following standardized tool: <https://www.ruralhealthinfo.org/am-i-rural>.

☐

You, or the affiliated EMS agency, have a true and stated need for this funding assistance.

☐

You understand that to serve as a CP-C, you may be required to pass a criminal background check. At this time, you believe you will be able to pass such a background check.

☐

You must have an agency affiliation. Please indicate below the affiliated agency with which you serve, or plan to serve. \_\_\_\_\_

---

IF YOU DO NOT MEET ALL FOUR OF THE ABOVE CRITERIA, PLEASE DO NOT PROCEED WITH THE APPLICATION.

IF YOU DO MEET THE CRITERIA, PLEASE COMPLETE THE FOLLOWING SCHOLARSHIP REQUEST FORM.

---

Does the affiliated EMS agency currently have a CP or MIH program?

- ☐ No current program, but it is in the planning stages
- ☐ Yes, has a current CP or MIH program (please list the program's name below)

-----

☐ Neither (please explain below) -----

-----

Are you, or the affiliated EMS agency, associated with one of the following (note the agencies listed receive priority for the scholarship):

- ☐ Adventist Tillamook EMS
- ☐ Lake Health District EMS
- ☐ Harney District Hospital EMS
- ☐ Jefferson County Fire & EMS
- ☐ Pioneer Ambulance, Baker County
- ☐ Pendleton Fire & EMS
- ☐ Wheeler County, Mitchell Ambulance
- ☐ Wheeler County, Fossil Ambulance
- ☐ Wheeler County, Spray Ambulance
- ☐ None of these

---

If you selected more than one agency, please explain.

---

---

---

---

---

Contact information for the scholarship applicant:

☐ Applicant First Name \_\_\_\_\_

☐ Applicant Last Name \_\_\_\_\_

☐ Title \_\_\_\_\_

☐ Applicant Email address \_\_\_\_\_

☐ Applicant Mailing address \_\_\_\_\_

☐ City \_\_\_\_\_

☐ State \_\_\_\_\_

☐ ZIP code \_\_\_\_\_

☐ County \_\_\_\_\_

☐ Affiliated EMS agency \_\_\_\_\_

☐ Agency tax ID number (if applicable) \_\_\_\_\_

☐ Agency contact person's Name (with Title) \_\_\_\_\_

☐ Agency contact person's Email \_\_\_\_\_

---

Please list any additional contact information you would like us to have (such as website, phone number, additional contact person)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your affiliated agency have any paid EMS responders?

No, it is 100% volunteer EMS responders

It is both paid and volunteer EMS responders

It is 100% paid responders

---

What type of organization is your affiliated EMS agency? (select one)

☐ For profit

☐ Nonprofit

☐ Public

☐ Other (please list below) \_\_\_\_\_

---

Related to the affiliated agency's community paramedicine (CP) or mobile integrated healthcare (MIH) program, please select the most appropriate response:

☐ We currently have an active CP-MIH program.

☐ We have plans to implement a CP-MIH program in the near future.

☐ Our area needs a CP-MIH program, but there are no plans in our agency to implement it at this time.

☐ Our area needs a CP-MIH program, and we need assistance in order to proceed.

☐ Our area does not need a CP-MIH program at this time.

☐ Not applicable (Reason?) \_\_\_\_\_

---

If your sponsoring EMS agency currently has a CP-MIH program, how many visits do you conduct annually?

---

What is your current certification level?

- ☐ EMR
  - ☐ EMT
  - ☐ AEMT
  - ☐ EMT-Intermediate
  - ☐ Paramedic
  - ☐ CHW (community health worker)
  - ☐ Other (please explain)
  - ☐ No certifications
- 

What is the scholarship dollar amount requested, and how will it be used?

-----

---

What, if any, is the total dollar amount being contributed by the following?

- ☐ Affiliated Agency? -----
  - ☐ Individual? -----
  - ☐ Other source? -----
-

Please complete the information below regarding the school or organization at which you plan to take the CP-C course:

- ☐ School name: \_\_\_\_\_
  - ☐ School website: \_\_\_\_\_
  - ☐ Email address for contact: \_\_\_\_\_
  - ☐ Phone number, if available: \_\_\_\_\_
- 

Have you been accepted into the education program yet?

- ☐ Yes
  - ☐ No
  - ☐ Other (please describe) \_\_\_\_\_
- 

Timing of the CP-C course. With the quarter-dates guide below, please indicate when the class will begin:

- ☐ 2025 - June 1 through Aug 31 (Q4)
  - ☐ later than Aug 31, 2025. Please indicate when:  
\_\_\_\_\_
  - ☐ Course has already begun (when did it start?)
- 

When do you anticipate the class concluding, or being completed?

\_\_\_\_\_  
\_\_\_\_\_

---

---

---

---

Please briefly describe the class, and why funding assistance is necessary.

---

---

---

---

---

---

Please describe 1) your commitment to becoming a CP-C, and  
2) the impact this funding will have on you, the agency and/or the community.

---

---

---

---

---

---

If you have supporting documents to upload, you may do so here (this is not required). Supporting documents can include letters of recommendation, letters of support, etc.

---



☐ By clicking "Yes" below, you attest that the information provided is true and accurate. You also agree to the following:

☐ To fully apply yourself to the educational opportunity this funding will provide.

☐ To utilize the skills and knowledge gained for the betterment of your affiliate agency and your community.

☐ To participate in follow-up outreach by ORH, to assess the success of this program.

☐ To communicate with ORH (immediately or as soon as possible) if I am unable to complete the course.

☐ Yes

☐ No

---

Your application responses are shown after you click "Next," (if you would like to save them for your records).

Funding requests are reviewed as they are submitted, on a rolling basis. You can expect a decision within 10-14 business days.

Please feel free to reach out to Joan Field at [fieldj@ohsu.edu](mailto:fieldj@ohsu.edu) with any questions.

Thank you!

---