



**Office of Emergency Health Systems**  
**Critical Incident Stress Management**  
Form used to request Resiliency Training reimbursement

Send Completed Form and Required Documentation to [DHHS.EMSTrauma@nebraska.gov](mailto:DHHS.EMSTrauma@nebraska.gov)  
Submit request within 30 Days of course completion

**Contact Information**

Name: \_\_\_\_\_ Profession: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Federal Tax ID: \_\_\_\_\_ Agency Name: \_\_\_\_\_

**Class Information**

Course Title: \_\_\_\_\_  
Instructor: \_\_\_\_\_  
Date(s) of Class: \_\_\_\_\_ Number Hours: \_\_\_\_\_ Course Type:  Initial  Annual

**Expenses**

Total Amount of Course: \$ \_\_\_\_\_

*NOTE: July 1, 2021 through June 30, 2022 will be reimbursed at the full cost of the course or up to \$350.00.*

Reimbursement Request **MUST** include the following:

- Completed W-9 & ACH Enrollment Form
- Proof of Payment
- Certificate of Completion reflecting the total number of hours taken.
  - o Initial Training should be a **minimum** of two hours
  - o Annual training should be a minimum of one hour

Signature: \_\_\_\_\_

**EHS and CISM Program Staff ONLY**

Request Approved:  Yes  No Amount Approved: \$ \_\_\_\_\_

Approvers Comments:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

NIS Book #: \_\_\_\_\_

Please contact Debbie Kuhn at [Debbie.Kuhn@nebraska.gov](mailto:Debbie.Kuhn@nebraska.gov) or 402-326-0173 with any questions.