

# CREATE

Colorado Resource for Emergency And Trauma Education

COLORADO  
RURAL HEALTH  
CENTER

The State Office of Rural Health



COLORADO  
Health Facilities & Emergency  
Medical Services Division  
Department of Public Health & Environment

The CREATE program is managed by the Colorado Rural Health Center and funded by the Colorado Department of Public Health and Environment

## CREATE Reimbursement Checklist

Please use this checklist as a guide to completing your reimbursement request in an effective manner and to ensure there is no delay in processing your request. The reimbursement phase of the program typically takes 4 – 6 weeks to process and receive payment. If your reimbursement documents are missing any pertinent information it will delay your request. You will receive a “Receipt of Request” email within one business day of sending in your request. If you do not receive a “Confirmation of Payment Approved” email stating your reimbursement request was approved and submitted for payment approximately 2 weeks after submitting your final report, please contact Stephanie Vose at [svose@coruralhealth.org](mailto:svose@coruralhealth.org) or by phone at 214-578-4381.

Please submit the following applicable documents in the listed order by email to [svose@coruralhealth.org](mailto:svose@coruralhealth.org) . All documents need to be scanned in pdf format **ONLY**

- ✓ **Reimbursement Request Form (REQUIRED)** – This form must be completely filled out by the Grantee. **Complete ONE form per course/class.**
- ✓ **Course Evaluation (REQUIRED)** – Tell us an overall view of the course. What were the best parts/take-aways? What were the challenges? Send in photos and quotes from students so we can use on them on the CREATE website and marketing materials. This document should be a separate 1 – 2 paragraph statement or more.
- ✓ **Student Data Forms (REQUIRED)** – Upon completion of the course, each student listed for reimbursement **MUST** complete the [Electronic Student Data Form](#). Students will need the grant number, course name, and course start/end dates to complete the form. All fields must be filled out so please direct each student to use “N/A” in areas that do not apply. The grantee **MUST** include a list of student names with respective submission dates as part of the reimbursement request packet ([see template](#)).
- ✓ **Receipts (REQUIRED)** – All receipts must accompany request and are non-negotiable for reimbursement. Proof of full payment for all expenses requested for reimbursement are required. Examples are:
  - **Lodging Receipts** – Remember **CREATE does not support meal expenses and will deduct those from lodging costs at time of reimbursement.**
  - **Instructor Costs**
  - **Book(s) Costs**
  - **Tuition Costs**
  - **Course Fees Costs**
  - **Testing Receipts**

**It is important to note that all reimbursable courses must have PROOF of services in order to qualify for reimbursement.**

- ✓ **IF APPLICABLE – Agency Attestation Non Residents** – This form should be filled out by the Grantee Contact and the Agency by which the student(s) are affiliated. Please see form for specific directions.
- ✓ **IF APPLICABLE – Student Attestation** – This form should be filled out by the Grantee Contact and the Agency by which the student(s) are affiliated. Please see the form for specific directions.
- ✓ **IF APPLICABLE – CREATE Travel Form** – This form must be filled out completely when requesting mileage and lodging reimbursements.
- ✓ **IF APPLICABLE – College Expenditure Form** – This form must be filled out by ALL training centers and colleges.
- ✓ **Copy of the National Registry card (for initial or re-certification EMS Provider)**
- ✓ **Any additional documentation that will help complete the course close out you wish to include.**