

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 or by phone at 214-578-4381.

Please submit the following applicable documents in the listed order by email to 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.**