



## **Description**

### **ORH - Certified Community Paramedic (CP-C) Training 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 Rural Health Care Services Outreach Grant. This funding provides scholarships to individuals for accelerated online training and certification to become a Certified Community Paramedic (CP-C).

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

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: [Rural Health Grants Eligibility Analyzer](#). *If you need any assistance completing this step, please contact Melissa Varnum at [varnum@ohsu.edu](mailto:varnum@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 health program*

## **Attestation**

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://data.hrsa.gov/topics/rural-health/rural-health-eligibility>
- 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 or MIH provider, 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.

### **Existing program; rural outreach grant focus area**

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

Yes, has a current CP or MIH program (please list the program's name below)

No current program, but it is in the planning stages (please explain below)

Neither (please explain below)

## **Applicant/Agency Information**

Contact information for the scholarship applicant and affiliated agency:

Applicant first name

Applicant last name

Title

Applicant email address

Applicant mailing address

City

State

ZIP code

County

Affiliated EMS  
agency

Agency contact  
person's name and  
title

Agency contact  
person's email

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

## **Agency**

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)

## **CP or MIH program**

Related to the affiliated agency's community paramedicine (CP) or mobile integrated health (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 CP-MIH visits do you conduct annually?

## Certification level

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?

Please explain how scholarship funds will be used.

What, if any, is the total dollar amount being contributed by the following? Note that contributions are not required to receive a scholarship.

Affiliated  
Agency?

Individual?

Other source?

Please complete the information below regarding the school or organization at which you plan to take the CP training 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 dates below, please  
indicate when the class will begin:

Course has already begun (when did it start?)

Before Aug. 1, 2026

After Aug. 1 2026. Please indicate when:

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

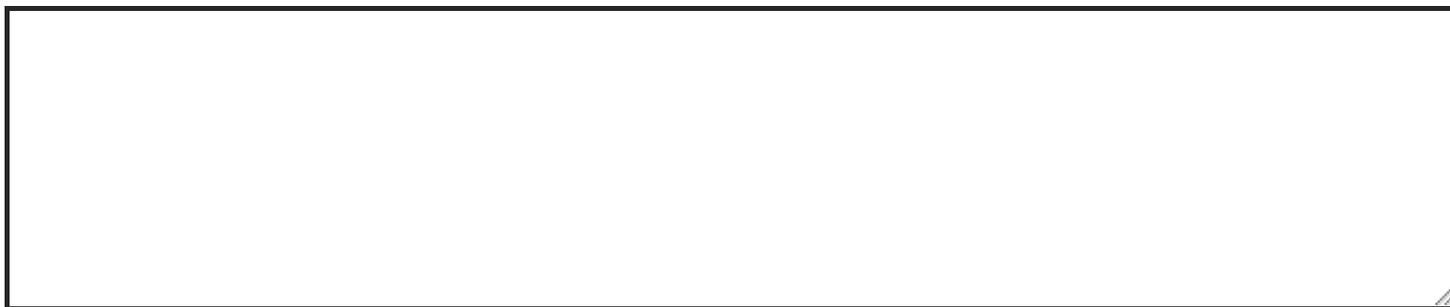
## **Description**

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

## **Impact**

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.



## **File upload**

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.

## **Terms**

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

## **Submission page**

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 Melissa Varnum at [varnum@ohsu.edu](mailto:varnum@ohsu.edu) with any questions.

Thank you!

