

Whereupon, Council member Pamperin moved that the following resolution be adopted:

RESOLUTION NO. 2024-51

RESOLUTION AUTHORIZING AN EMT COUSE TRAINING REIMBURSEMENT AGREEMENT

WHEREAS, the City Council of the City of Eagle Grove believes it to be in the best interest of the residents of the City of Eagle Grove and surrounding area to enter into an EMT Course Training Reimbursement Agreement (AGREEMENT) with Megan Keul; and,

WHEREAS, the City Council of the City of Eagle Grove hereby encourages residents and interested individuals to contact the City of Eagle Grove if they are interested in becoming an EMT for the Eagle Grove EMS Department; and,

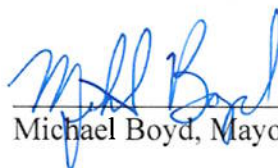
NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EAGLE GROVE, IOWA, that the City Council of the City of Eagle Grove hereby authorize the City Clerk and EMS Service Director to enter into the affixed EMT Training Reimbursement Agreement with Megan Keul

The motion was seconded by Council member Limerick and after due consideration thereof, the roll was called, and the following Council members voted:

Ayes: Underwater , Pamperin , Axtell , Lorenzen , Limerick , Weland

Nays: _____, _____, _____, _____, _____

Whereupon, the Mayor declared said Resolution duly passed and adopted this 6th day of May, 2024.



Michael Boyd, Mayor

ATTEST:



Bryce Davis, City Administrator/Clerk

Megan Keul

**Eagle Grove Department of Emergency Medical Services
Standard Operating Procedure: Appendix E
Subject: Student Sponsorship Agreement**

**EMERGENCY MEDICAL TECHNICIAN
TRAINING REIMBURSEMENT AGREEMENT**

This agreement is entered into by the City of Eagle Grove, Iowa hereinafter referred to as "City" and Megan Keul hereinafter referred to as "Trainee".

THE INTENT OF THIS AGREEMENT IS TO PROVIDE FOR THE TRAINING OF Megan Keul AS AN EMERGENCY MEDICAL TECHNICIAN, AND TO SPECIFY THE CONSIDERATION THAT Megan Keul PROVIDE THE CITY IN RETURN FOR THE TRAINING. IT SHALL NOT BE CONSTRUED IN ANY WAY AS AN EMPLOYMENT AGREEMENT, WHICH WOULD PROFFER A PROPERTY RIGHT OR INTEREST ON _____.

- 1. Training.** The City and the Trainee agree that the Trainee volunteers to attend the Emergency Medical Technician Course without pay at the expense of the City to receive certification as an Emergency Medical Technician in accordance with **Iowa Central Community College's** Emergency Medical Technician training ("Training"). The Training is scheduled to begin on MAY 14TH, 2024 and is anticipated to be completed in JULY 26TH, 2024. The City shall pay the Trainee's "total training expenses" as hereafter defined in paragraph 8.
- 2. Post Training Work.** Trainee shall serve as an Emergency Medical Technician of the City after meeting all criteria needed to receive proper certification.
- 3. Work Duration Required.** The ____ day of _____, ____ is the official certification date of the Trainee as an Emergency Medical Services Technician in the State of Iowa. In consideration of the City's payment of Trainee's "total training expenses" as hereafter defined, Trainee agrees to work for the City as an Emergency Medical Technician for at least two years and volunteer at least 75 hours per month during the duration of the two-year period from the date when the Trainee completes all criteria needed to receive proper certification as an Emergency Medical Technician in the State of Iowa. The volunteer hours may also be considered an average of 75 hours per month for 24 months or a cumulative total of 1,800 hours. If a Trainee reaches 1,800 total cumulative hours prior to the 24 months after the date of certification as an Emergency Medical Technician in the State of Iowa, this Agreement will be considered fulfilled.
- 4. Failure to Complete Training/Maintain Certification – Reimbursement.** In the event the Trainee does not successfully complete the Training or fails to achieve and maintain certification as an Emergency Medical Technician in the State of Iowa, Trainee shall reimburse the City for one hundred percent (100%) of the "total training expenses" which the City has incurred to that date in accordance with the terms set forth in this Agreement.

Eagle Grove Department of Emergency Medical Services
Standard Operating Procedure: Appendix E
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5. **Voluntary Resignation – Reimbursement.** In the event the Trainee voluntarily resigns from the City of Eagle Grove’s EMS Department without having served as a certified Emergency Medical Technician as defined in paragraph 3, the Trainee shall reimburse the City for total training expenses incurred per the following Schedule:

The amount of reimbursement shall be determined as follows:

- i. The total reimbursement amount shall be prorated by the number of months remaining under this Training Reimbursement Agreement. Example: If the Trainee leaves after One Year or 50% of the Work Duration Required, the amount of reimbursement shall be 50% of the total amount provided in Exhibit A. If the Trainee voluntarily resigns after 18 months, the Trainee shall reimburse the City of Eagle Grove for 25% of the total reimbursement amount found in Exhibit A.

6. **Dismissal from Work – Reimbursement.** If the Trainee is dismissed during the probationary period, or for cause before serving as a certified Emergency Medical Technician for at least two years, the Trainee shall reimburse the City for one hundred percent (100%) of the total training expenses incurred. If the Trainee is dismissed without cause (i.e., a reduction in force) by the City, the Trainee shall not be required to reimburse the City for any training expenses.

7. **Completion of Required Service.** If Trainee completes the work duration requirements as defined in paragraph 3 with the City as a certified Emergency Medical Technician, the Trainee shall be relieved of all obligation to reimburse the City for training expenses under this Agreement.

8. **Total Training Expenses.** The Trainee agrees that the following enumerated expenses that are incurred by the City, or that are incurred by the Trainee and reimbursed by the City, during the Trainee’s training period shall constitute the “total training expenses” subject to Trainee reimbursement under this Agreement:

- a. the City's expenditures for tuition and fees paid to _____ on behalf of the Trainee; and
- b. The City’s expenditures for a health physical and any other required health-related expenditures required by the Training; and
- c. The City’s expenditures for any books, software, accounts, or any material-related expenditures required by the Training.

An estimate of the costs of the "total training expenses" set out above is listed on Exhibit "A" which is attached hereto and by this reference incorporated into this Agreement. "Total training expenses" will be based on the actual cost incurred by the City as these costs become known.

9. **Training Reimbursement Payment Schedule.** Payment of training expenses owed to the City by Trainee under this Agreement shall be made in consecutive monthly payments in accordance with the following schedule:

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Minimum monthly payment	\$100
Annual Percentage Rate	3%

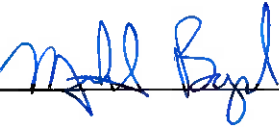
The first payment shall be due 30 days after Trainee's date of termination or resignation, and on the 1st day of each month thereafter. Interest shall commence with the Employee's date of termination or resignation and shall be calculated on the unpaid principal balance to the date of each installment paid, with payments being credited first to accrued interest and then to the reduction of principal.

10. **Death of Trainee.** If during the Trainee's period of employment with the City the Employee is killed or permanently and totally disabled as defined by Chapter 85 of the Iowa Code, or dies of any cause not related to Trainee's work for the City, Trainee or Trainee's estate shall be relieved of all obligation to reimburse the City for training expenses under this Agreement.
11. **Amendment or Cancellation.** This agreement may be amended or canceled only upon agreement of both the City and the Trainee, made in writing and signed by both parties.
12. **Trainee Residence.** Trainee shall notify City of the Employee's place of residence while in the employ of the City and until such time as the debt for total training expenses is satisfied in full.
13. **Decertification.** If reimbursement is not made in accordance with this Agreement, the Trainee understands that the city may at its option seek Trainee's decertification as an Emergency Medical Technician. By execution of this Agreement, Trainee shall be deemed to have consented to such decertification, unless the Trainee initiates legal proceedings to contest any adverse action which triggers the reimbursement obligation, or to contest the required reimbursement amount calculated by the City, such proceedings to be initiated within 30 days of the City's demand for reimbursement.
14. **Purpose of Agreement.** This agreement is for the purposes of achieving certification for the Trainee by way of "sponsorship" through the Training program and for the purpose of receiving bona fide services from the Trainee to continue providing volunteer emergency medical services to the people of the City of Eagle Grove and Wright County.
15. **Severability.** In the event that one or more of the provisions of this Agreement shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the remaining provisions of this Agreement, and they shall remain in full force and effect.


Executed this ____ day of _____ .


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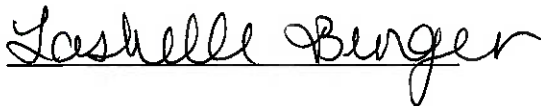
City of Eagle Grove, Iowa

By: 
, Mayor

Attest:


Bryce Davis, City Clerk


, Trainee

ATTEST: 

EMT SPONSORSHIP APPLICATION

Applicant Name: Megan Keul

Current Position: EMS Driver

Referred by: Lashelle Burger

1. How would you describe yourself?

I would describe myself as a self-driven and motivated individual who enjoys doing what I can for my community. I've spent a good portion of my life dedicating myself to helping others and doing what I can for those in need.

2. What do you do in your free time? Any hobbies? What are you passionate about?

I joined the EMS in my free time to further expand my healthcare background. Other hobbies/ interests include learning new things and reading. I'm passionate about educating myself and seeing just how much I can do and accomplish.

3. Do you have any background working in healthcare? If so, please detail...

My background in healthcare starts in 2014 when I obtained my CNA certificate. I worked in an ABCM nursing home to start, then moved to Iowa Specialty Hospital. At Iowa Specialty, I mostly worked on the Med/Surg floor, but also frequented working the emergency room and OB unit. I also got to witness several surgeries. Working in the ER was particularly fascinating and exciting to me.

4. What has intrigued you to pursue continuing your education in the EMS field?

I joined the Eagle Grove EMS around October of 2023 as a driver to see if I would like working EMS and to continue my healthcare journey. Since joining, I've found that I really enjoy the fast paced, ever-changing needs of patients that we see on the EMS. I'm motivated to be on the other side of the rig and learn how to be a proficient EMT.

5. Describe your professional and personal strengths that will contribute to you succeeding in obtaining EMT Certification?

Professional strengths that would help me obtain my EMT certifications would be my CNA experience, along with already completing a medical terminology course. Working as a CNA provided me with quite a bit of hands-on patient experience such as moving, ambulating, manual blood pressures, charting, monitoring other vital signs, bandaging wounds, emergency care experience, and so much more on a wide variety of patients.

Personal attributes that would assist me obtaining my EMT certification would be my self-driven and ambitious qualities. I will finish studying the 11th edition of "Emergency Care and Transportation of the Sick and Injured" before classes are even due to begin.

6. Where do you see yourself in 10 years?

In 10 years, I see myself as at least an AEMT in Eagle Grove. I moved here over the summer and plan to grow and raise my family here. I would enjoy being on the service for a much longer amount of time and seeing just how much I can learn and achieve through this service.

7. What do you consider to be your greatest strength? How will this help you succeed?

My greatest strength would be my compassion and drive to help others. I fundamentally believe that everyone should do what they can for others, especially for those that are less fortunate or going through one of life's many rough patches. These beliefs have already helped me succeed with many different tasks and challenges in life, but I believe they have mostly benefited others. I genuinely enjoy being of service to others, and doing what I can every day. This will further benefit myself and others as

050332

VENDOR: 3860 IOWA CENTRAL COMM COLLEGE CHK DATE: 5/06/24 CHK NO: 50332
 REFERENCE # GL ACCOUNT # INVOICE NUMBER AMOUNT

 EMT (CLASS ID:12522)-KEUL 001-160-6230 3612 1999.00

AL: **1,999.00 -

FOR SECURITY ORIGINAL CHECK HAS MICRO PRINTED BORDER AND BLEED-THRU MICR NUMBERING.

CITY OF EAGLE GROVE

FIRST BANK

050332

P.O. BOX 165
EAGLE GROVE, IOWA 50533-0165
(515) 448-4343

50332 5/06/24 **1,999.00
 CHECK # DATE AMOUNT

ONE THOUSAND NINE HUNDRED NINETY NINE AND 00/100 DOLLARS

PAY
TO THE
ORDER
OF

IOWA CENTRAL COMM COLLEGE
 1 TRITON CIRCLE
 FORT DODGE IA 50501

[Signature]
 _____ MAYOR
[Signature]
 _____ CITY CLERK

⑈050332⑈ ⑆073902766⑆ 000 013 3⑈

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TOTAL: **1,999.00