



Kansas Board of Emergency Medical Services

Landon State Office Building
900 SW Jackson, Suite 1031
Topeka, KS 66612

Phone: 785-296-7296

Fax: 785-296-6212



APPLICATION FOR CERTIFICATION

Your social security number is required pursuant to K.S.A. 74-139 and K.S.A. 74-148, and may be used for child support enforcement purposes, provided to the Kansas Director of Taxation upon request, or as verification of person when validating NREMT examination results.

Course Information

Sponsoring Organization	Spon. Org. # KS-	Course Number IC20	Level of Course
Applied for Education Incentive Grant Funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Instructor		IC/TO Attendant Cert. #

Applicant Information (Please print legibly)

Incorrect or illegible information will result in delayed examination results or inability to certify.

First	Middle	Last	SSN
Address: Street			Previous Name(s)
City	State	Zip	County
E-mail			
Work phone: ()	Home phone: ()	Birthdate: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

- Education: Enter the number for the highest education **completed**:
1 = HS/GED 2 = Some college 3 = Associate 4 = Bachelor 5 = Masters 6 = Doctorate **1.** _____
- Other: 0 = None 3 = LPN 4 = RN 5 = PA 6 = RCP 7 = MD/DO **2.** _____
- Do you provide EMS Services to your community and/or business/industry? Answer **Y** for Yes or **N** for No **3.** _____
- If you answered **Yes** on Question 3, with what type of service are you involved?
1 for Ambulance Service 2 for Organized First Responder Unit or 3 for other **4.** _____
- If you answered **Yes** on Question 3,
 - Who operates your organization?
1 = Hospital 2 = Fire Department 3 = Law Enforcement 5a. _____
4 = Government (non-fire) 5 = Private (non-hospital) 6 = Business/Industry
 - What is the current level of EMS involvement?
1 = Full time 2 = Part time 3 = Volunteer **5b.** _____
 - Please indicate method of compensation. Answer **Y** for Yes and **N** for No for each response.
_____ No Pay _____ Call time _____ Per call _____ Hourly rate _____ Salary

FELONY DECLARATION

Have you been convicted of a felony? Yes No *If yes, you must provide official documentation that fully describes the offense, current status and the disposition of the case. Visit our website at www.ksbems.org to download the felony disclosure information packet.*

K.S.A. 65-6133 states a number of reasons an attendant's certificate can be denied, suspended, or revoked by the Board. Among them are: misrepresentation in obtaining a certificate, addiction to drugs or a felony conviction. If you are concerned about not being eligible for certification, please contact the KBEMS investigator at (785) 296-7296.

Signatures

This information is true and complete to the best of my knowledge. I understand that by signing this document I grant the educational institution permission to release personal information regarding my completion status for this course. I also agree that submission of this form to the Kansas Board of Emergency Medical Services electronically or by facsimile will have the same force and effect as an original form signed by me under penalty of perjury.

Signature:	Date:
Instructor Name: (Print)	Instructor Signature:
	Date:

For KBEMS Use Only

\$ _____

This form (including fee) must be returned to the Kansas Board of Emergency Medical Services office at the address listed above within twenty (20) calendar days of the first class session.