



TRANSITION APPLICATION

KANSAS BOARD OF EMERGENCY MEDICAL SERVICES

900 SW JACKSON, LSOB, ROOM 1031 TOPEKA, KS 66612 785-296-7296



Your social security number is requested pursuant to KSA 74-139 and KSA 74-148, and may be used for child support enforcement purposes or provided to the Kansas Director of Taxation, upon request.

TYPE OR PRINT CLEARLY

Certification#: _____ **OR** SS#: _____ Current certification level: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

TRANSITION- Please attach copies of Certificates of Attendance for ALL Modules. An application is not complete unless all required Certificates of Attendance are included. Applications will not be processed until all required documents are received.

Complete the information below for the Modules required for the level of certification to which you are transitioning.

MODULE 1:	_____	_____	_____
	(Course level)	(Completion date)	(Course #) (#HRS)
MODULE 2:	_____	_____	_____
	(Course level)	(Completion date)	(Course #) (#HRS)
MODULE 3:	_____	_____	_____
	(Course level)	(Completion date)	(Course #) (#HRS)
MODULE 4:	_____	_____	_____
	(Course level)	(Completion date)	(Course #) (#HRS)
MODULE 5:	_____	_____	_____
	(Course level)	(Completion date)	(Course #) (#HRS)
MODULE 6:	_____	_____	_____
	(Course level)	(Completion date)	(Course #) (#HRS)

TOTAL HOURS COMPLETED: _____

By signing and submitting this application, I certify that I have completed the minimum transition requirements as described in K.S.A. 65-6120, 65-6121, 65-6123, and 65-6144 and K.A.R. 109-5-7a, 109-5-7b or 109-5-7c. I understand that I must complete the entire application, sign the application, and submit the application with the appropriate documents. An application is not complete unless all required Certificates of Attendance are included. If an application is incomplete, it will not be processed until all required documents are received.

I declare under the penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct to the best of my knowledge.

(Applicant's signature)

(Date)