

**KANSAS BOARD OF EMERGENCY MEDICAL SERVICES  
RECOGNITION OF NON-KANSAS CREDENTIALS**

900 SW JACKSON AVENUE, SUITE 1031, TOPEKA , KS 66612 785-296-7296 FAX: 785-296-6212

Dear Applicant:

The attached form must be completed to make application for recognition of non-Kansas credentials. Incomplete applications will be returned with an explanation of the missing components.

***The following must be included in order for your application to be considered complete:***

1. The application for recognition of non-Kansas credentials filled out completely and accurately.
2. The application for certification fee for the certification level desired. If it is determined that you will need to test, there will be an additional fee associated with the examination.

The fee is an application for certification fee which is ***non-refundable***. All fees shall be made payable to the Kansas Board of EMS.

EMR: \$15.00      EMT: \$50.00      AEMT: \$50.00      Paramedic: \$65.00

3. A copy of your current state and national registry cards.
4. A list of the states you have been certified/licensed in.

K.S.A. 65-6129 and K.A.R. 109-6-1 authorize the board to grant a temporary certification upon request by an applicant who is certified or licensed in another jurisdiction. (NOT national registry) Temporary certification will only be granted to an individual under ***direct*** supervision of a physician, physician's assistant, professional nurse (RN), or an attendant holding certification at the same level or higher than that for which the applicant seeks temporary status. Should you want this temporary certification you must be associated with an organization and must request this on your application.

You may not operate as an attendant in Kansas until you have been issued a Kansas certificate to practice or you have been granted a temporary certification issued by the Kansas Board of EMS.

Should you have any questions regarding the recognition of non-Kansas credential application process, please email Chrystine at [chrystine.hannon@ems.ks.gov](mailto:chrystine.hannon@ems.ks.gov).

**KANSAS BOARD OF EMERGENCY MEDICAL SERVICES  
APPLICATION FOR RECOGNITION OF NON-KANSAS CREDENTIALS**

To be completed by the applicant and returned to Kansas Board of EMS. Your social security number is required pursuant to 42 U.S.C. 666(a)(13), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas Director of Taxation, upon request.

EMR      EMT      AEMT      Paramedic

FIRST NAME	MIDDLE	LAST NAME	DATE OF BIRTH / /
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NREMT #	EXPIRES:	SOCIAL SECURITY NUMBER:
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STATE #	EXPIRES:	
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Held EMS certification/license in another state(s)? If so, list which state(s):  Have you ever been convicted of a felony?  Are criminal proceedings, either felony or misdemeanor pending in any federal, state or municipal court?  Is an investigation and/or disciplinary action pending against any license, certification or registration?  Has any license, certification or registration ever been denied, revoked, suspended, limited or disciplinary action taken by a licensing authority of any state, agency of the US government, territory of the US or country?  Are you currently on or are you required to register on any state offender registry as part of any criminal sentencing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO <input type="checkbox"/> NO
1. I took my initial course in the military <input type="checkbox"/> YES <input type="checkbox"/> NO	If you answered yes to questions 1 & 2, please provide a copy of your release orders.	
2. I have been released from active duty <input type="checkbox"/> YES <input type="checkbox"/> NO		

I certify that the above information is correct and to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
work phone number

\_\_\_\_\_  
home phone number

**Optional:**

K.S.A. 65-6129 and K.A.R. 109-6-1 authorize the board to grant a temporary certification upon request by an applicant who is certified or licensed in another jurisdiction. The certificate is valid for one year from the date of issuance. An applicant who has been granted a temporary certificate shall be under the direct supervision of a physician, a physician's assistant, a professional nurse or an attendant holding a certificate at the same level or higher than that of the applicant. Should you desire Temporary certification, you must complete the following page.

Check if you wish to receive a temporary certification. \_\_\_\_\_ YES (enclose a copy of your state card)

What organization are you applying for a temporary status? \_\_\_\_\_

KANSAS BOARD OF EMERGENCY MEDICAL SERVICE  
AGREEMENT TO SUPERVISE TEMPORARY CERTIFICATE HOLDER

Kansas Statute Annotated 65-6129 requires that individuals possessing one-year temporary certificates to practice shall be under the direct supervision of a physician, physician's assistant, professional nurse or an attendant holding certification at the same level or higher than that for which the applicant seeks temporary status. (Supervisor must attach a copy of license/certification)

\_\_\_\_\_ Has applied for temporary status to function as a  
\_\_\_\_\_ in the State of Kansas while completing the requirements for  
Kansas certification.

I, \_\_\_\_\_ agree to accept responsibility for supervising the  
above named individual.

\_\_\_\_\_  
Signature of supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of organization (e.g. ambulance service, hospital)

\_\_\_\_\_  
Address of organization

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

The applicant's and supervisor's signatures indicate that both have read, understand, and agree to follow the above stated Kansas Statute Annotated.

LANDON STATE OFFICE BUILDING, 900 SW JACKSON STREET, ROOM 1031, TOPEKA, KS 66612  
VOICE: 785-296-7296 FAX: 785-296-6212 [www.ksbems.org](http://www.ksbems.org)