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.
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

NREMT #  EXPIRES:  SOCIAL SECURITY NUMBER:

STATE #  EXPIRES:

Held EMS certification/license in another state(s)? If so, list which state(s):

Have you ever been convicted of a felony? ☐YES  ☐NO

Are criminal proceedings, either felony or misdemeanor pending in any federal, state or municipal court? ☐YES  ☐NO

Is an investigation and/or disciplinary action pending against any license, certification or registration? ☐YES  ☐NO

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? ☐YES  ☐NO

Are you currently on or are you required to register on any state offender registry as part of any criminal sentencing? ☐YES  ☐NO

1. I took my initial course in the military ☐YES  ☐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 ☐YES  ☐NO

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

_______________________________    _____________________
Signature of Applicant            Date

_______________________________________________________
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?

Revised 12/14

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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.