

**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. If your coursework was completed outside of Kansas it must have consisted of USDOT National Standard Curriculum or National Emergency Medical Services Education Standards at the level for which you are seeking Kansas certification. Course content will be reviewed for equivalency to Kansas Emergency Medical Services Education Standards for the level of certification you are seeking. As specified in Kansas Administrative Regulation 109-15-2 the course shall include at least 90 percent of the content in the Kansas Emergency Medical Services Education Standards for the level of training sought. If the coursework is found not to be equivalent, First responders, Emergency Medical Responders, Emergency Medical Technician-Basics, Emergency Medical Technicians, and Advanced Emergency Medical Technicians will be required to obtain the training through a Kansas-certified EMS Instructor-Coordinator or training officer. For Paramedics coursework must be attained through a paramedic program accredited by the commission on accreditation of allied health education programs. Incomplete applications will be returned with an explanation of the missing components.

***Directions for the Applicant:***

1. If you are currently certified in another state or registered/certified with the NREMT, you will not be required to test. Please provide a copy of your current certification/registration card and required fee with your application.
2. If you ***are not*** currently certified in another state or are not registered/certified with NREMT, you will be required to complete the examination for certification process, prescribed in K.A.R. 109-8-1. Please reference [www.nremt.org](http://www.nremt.org) for testing requirements. **To obtain Kansas certification you must successfully complete the NREMT examination for certification process. NREMT requires that the CBT test and skills examinations be completed within two (2) years of the last class date and both portions of the exam must be completed within one (1) year of each other. If your course was not taken in Kansas, you will need to contact your course instructor to determine your eligibility to complete the NREMT examination process.**
3. Part II must be completed by the instructor or authorized official representing the educational program where you obtained your initial training.
4. Should you possess current certification from another state, please mail the "Verification of Certification Status" form to that state's EMS office. They are requested to then fax the completed form to our office.

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).

# 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.

**PART I – TO BE COMPLETED BY APPLICANT**

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.

FR     EMR     EMT-B     EMT     AEMT     Paramedic     Other (specify)

FIRST NAME	MIDDLE	LAST NAME	DATE OF BIRTH / /
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NATIONAL REGISTRY # OR STATE #	EXPIRATION DATE	SOCIAL SECURITY NUMBER
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HAVE YOU EVER Held EMS certification/license in another state(s)? If so, list which state(s): Had disciplinary action taken against your EMS certification/license? Had your EMS certification/license suspended/revoked in any state? Been denied EMS certification in any state? Previously received reciprocity for EMS certification in any state(s)? If yes, list which state(s):	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO
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1. I took my initial course in the military     YES     NO    *If you answered yes to question #2, please provide*  
 2. I have been released from active duty     YES     NO    *a copy of your release orders*

Have you ever been convicted of a felony?                       YES     NO

K.A.R. 109-7-1 addresses fees required for initial certification in the State of Kansas. (Reference provided below for your convenience.) Make payment payable to the Kansas Board of EMS. This fee is an application for certification fee which is **non-refundable**.

FR/EMR: \$15.00      EMT-B/EMT: \$50.00      AEMT: \$50.00      Paramedic: \$65.00

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

Part II must be completed with the required signatures and returned to Kansas Board of EMS.

**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)



**KANSAS BOARD OF EMERGENCY MEDICAL SERVICES**  
**FIRST RESPONDER/EMERGENCY MEDICAL RESPONDER EDUCATION/TRAINING**  
**INFORMATION**

**PART II – MUST BE COMPLETED BY YOUR INSTRUCTOR OR AN OFFICIAL REPRESENTING  
THE EDUCATIONAL PROGRAM.**

Please mark ALL skills that were included in the initial training program for the named individual.

Applicant's name \_\_\_\_\_

FR Kansas Enrichments:

- 1994 EMT-B patient assessment module 3
- Automated External Defibrillator, EMT module 4, lesson 4.3
- EMT-B Oxygen Administration & BVM, module 2
- EMT-B Injuries to Head & Spine, module 5, lesson 5-4
- EMT-B Extrication, module 7, lesson 7-2

EMR Kansas Enrichments:

- Ventilation via previously placed ETT or or supraglottic airway
- Administration of oxygen
- Suction oropharynx, nasopharynx, meconium, etc.
- Application/monitoring of pulse oximeter
- Application of Glasgow Coma Scale
- Use of blood glucometer
- Medication administration
  - Mark 1/Duodote kits
  - Aspirin
  - Oral glucose
  - Epi-Pen
  - Medicated inhaler (Bronchodilator)
- Eye irrigation
- Spinal immobilization
  - LSB
  - Short immobilization device
- Pressure dressings
- Vacuum splints
- Emergency childbirth
- ECG electrode application
- Radio communication
- Verbal/Written patient reports

DID THE TRAINING MEET USDOT CURRICULUM or NATIONAL EMS EDUCATION GUIDELINES?

- Yes       No

Total number of hours in training: \_\_\_\_\_

Name of training program: \_\_\_\_\_

Name (print) of official representing training program: \_\_\_\_\_ Title of official: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Telephone for official

I verify that the individual making application for Kansas certification successfully completed their initial training program and has obtained the skills which have been marked above.

Signature of official representing training program: \_\_\_\_\_

**KANSAS BOARD OF EMERGENCY MEDICAL SERVICES**  
**EMERGENCY MEDICAL TECHNICIAN-BASIC/EMERGENCY MEDICAL TECHNICIAN**  
**EDUCATION/TRAINING INFORMATION**

**PART II – MUST BE COMPLETED BY YOUR INSTRUCTOR OR AN OFFICIAL REPRESENTING  
THE EDUCATIONAL PROGRAM.**

Please mark ALL skills that were included in the initial training program for the named individual.

Applicant's name \_\_\_\_\_

EMT-B Kansas Enrichments:

- Multi-lumen airway
- Administration of Epi-Pen
- IV monitoring
- CPR

EMT Kansas Enrichments:

- Administration of medication via small volume nebulizer
- Administration of medication via inline small volume nebulizer and BVM
- Magill's forceps without laryngoscopy
- Orogastric tube placement via supraglottic airway
- End tidal CO2 monitoring/capnography
- Medication administration
  - Albuterol
  - Mark 1/Duodote kits
  - Glucagon (auto-injector)
  - Medicated inhaler (Bronchodilator)
- ECG electrode application
- Urinary catheterization monitoring
- Performance of 1 complete patient assessment during Hospital clinical or field internship

DID THE TRAINING MEET USDOT CURRICULUM or NATIONAL EMS EDUCATION GUIDELINES?  
 Yes       No

Total number of hours in training: \_\_\_\_\_

Name of training program: \_\_\_\_\_

Name (print) of official representing training program: \_\_\_\_\_ Title of official: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Telephone for official

I verify that the individual making application for Kansas certification successfully completed their initial training program and has obtained the skills which have been marked above.

Signature of official representing training program: \_\_\_\_\_

**KANSAS BOARD OF EMERGENCY MEDICAL SERVICES**  
***ADVANCED EMERGENCY MEDICAL TECHNICIAN* EDUCATION/TRAINING INFORMATION**  
**PART II – MUST BE COMPLETED BY YOUR INSTRUCTOR OR AN OFFICIAL REPRESENTING THE EDUCATIONAL PROGRAM.**

Please mark ALL skills that were included in the initial training program for the named individual.

Applicant's name \_\_\_\_\_

**AEMT Kansas Enrichments**

- Medication administration
  - Albuterol
  - Albuterol/Ipratropium Premix
  - Amiodarone
  - Atropine
  - Benzodiazepines
  - Dextrose
  - Diazepam
  - Diphenhydramine HCL
  - Dopamine
  - Epinephrine 1:1000
  - Epinephrine 1:10,000
- Magill's forceps for obstruction visualized without laryngoscopy
- End tidal CO2 monitoring/capnography
- Small volume nebulizer/inline small volume nebulizer
- Nasogastric tube access
- Monitoring – capped arterial lines
- Successfully perform 20 venipunctures, of which 10 shall be for the purpose of initiating intravenous infusions
  - Administer one nebulized breathing treatment during clinical training
  - Perform 10 intramuscular or subcutaneous injection procedures intravenous infusions.
  - Complete 10 patient charts or patient care reports, or both
  - Perform the application and interpretation of the electrocardiogram on eight patients during clinical training and field internship training.
- Fentanyl
- Glucagon
- Ipratropium
- Lidocaine
- Lorazepam
- Mark 1/Duodote kit
- Midazolam
- Morphine
- Naloxone
- Nitroglycerine
- Nitrous Oxide
- ECG interpretation
- Orogastic tube placement via supraglottic airway
- Urinary catheterization monitoring
- Accessing in-dwelling intravenous ports
- Initiation/maintenance intraosseous lines
- Successfully perform five intraosseous infusions
  
- Perform a complete patient assessment on 15 patients, which at least 10 shall be accomplished during field internship training
- While directly supervised by an AEMT, paramedic, physician, physician assistant, advanced practice registered nurse, or professional nurse, respond to 10 ambulance calls.

**DID THE TRAINING MEET USDOT CURRICULUM OR NATIONAL EMS EDUCATION GUIDELINES?**

- Yes
- No

Total number of hours in training:\_\_\_\_\_

Name of training program:\_\_\_\_\_

Name (print) of official representing training program: \_\_\_\_\_

Title of official: \_\_\_\_\_

Address:\_\_\_\_\_

Street    City    State    Zip    Telephone of official

I verify that the individual making application for Kansas certification successfully completed their initial training program and has obtained the skills which have been marked above.

Signature of official representing training program \_\_\_\_\_

**KANSAS BOARD OF EMERGENCY MEDICAL SERVICES**  
**PARAMEDIC EDUCATION/TRAINING INFORMATION**  
**PART II – MUST BE COMPLETED BY YOUR INSTRUCTOR OR AN OFFICIAL REPRESENTING**  
**THE EDUCATIONAL PROGRAM.**

Please mark ALL skills that were included in the initial training program for the named individual.

Applicant's name \_\_\_\_\_

**Paramedic Kansas Enrichments**

- Performance of 20 successful venipunctures, of which at least 10 shall be for the purpose of initiating intravenous infusions;
- Successful performance of three endotracheal intubations on live patients, with written verification by a physician or certified registered nurse anesthetist competent in the procedure;
- Successful performance of five intraosseous infusions;
- Administration of one nebulized breathing treatment during clinical training;
- Performance of a complete patient assessment on 50 patients, of which at least 25 shall be accomplished during field internship training
- Participation in, as an observer or as an assistant, three vaginal-delivered childbirths during clinical training;
- In increasing positions of responsibility, be a part of a paramedic service crew responding to 30 ambulance calls;
- Performance of 10 intramuscular or subcutaneous injections;
- Completion of 30 patient charts; and
- Performance of monitoring and interpreting the electrocardiogram on 30 patients during clinical training and field internship training.

I verify the individual submitting for certification has successfully completed the activities marked above.

Medical Directors Signature: \_\_\_\_\_

**DID THE TRAINING MEET USDOT CURRICULUM OR NATIONAL EMS EDUCATION GUIDELINES?**

- Yes       No

Total number of hours in training: \_\_\_\_\_ Didactic: \_\_\_\_\_ Clinical: \_\_\_\_\_ Field Internship: \_\_\_\_\_

Name of training program: \_\_\_\_\_

Name (print) of official representing training program: \_\_\_\_\_

Title of official: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Telephone of official

I verify that the individual making application for Kansas certification successfully completed their initial training program and has obtained the skills which have been marked above.

Signature of official representing training program \_\_\_\_\_

