

How to submit the “Attendant Continuing Education Submission” License Management Public Portal

To correctly submit the Attendant Continuing Education Submission application, please follow the steps outlined below. This will allow for your submission to populate directly to your training report.

After you have logged into your portal account select “Applications”

Kansas Board of Emergency Medical Services
License Management Public Portal

KBEMS Service Lookup

Welcome, John Test | Logout

You are logged in. Welcome John Test.

My Account

- Profile
- Documents
- Applications** ←
- Training
- Services
- Lookup

System Update information

- **November 28, 2017 8:30 am - 9:30am (All Users) Update includes:** Corrections to the training report totals. Visibility of current training report for organizations. Corrections to the transaction receipts for bulk payments of personnel.
- Available Tutorials: [Continuing Education Submission](#) [Program Provider Submissions](#)

Remember to keep your email address updated at all times
You can do so by selecting "Profile" to the left below "My Account"

John Test
EMT
Number: E1234567
Issued: 12/22/2015
Expiration: 12/31/2017

2 Forms pending completion
0 Application to be reviewed

0 New training added
0 Upcoming training this week
0 Upcoming test this week

I am looking for...
Personnel
Certification Number First Name
Last Name
GO

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How to submit the
“Attendant Continuing Education Submission”
License Management Public Portal

Now select “View My Applications”

The screenshot shows the Kansas Board of Emergency Medical Services License Management Public Portal. The header includes the KBEMS logo and the text "Kansas Board of Emergency Medical Services License Management Public Portal". A navigation bar contains "KBEMS" and "Service Lookup". A user greeting "Welcome, John Test | Logout" is visible in the top right.

The left sidebar menu includes: My Account, Applications (selected), Continue 2, Checkout, Transaction, Review, Training, Services, and Lookup.

The main content area is titled "Available Applications" and contains the following information:

- Click "View My Applications" to view your personnel applications, or click one of the "View Service Applications" buttons to view the service licenses you can apply to for that service.
- Test, John (E1234567)**
EMT
Issue Date: 12/22/2015
Expiration Date: 12/31/2017
[View My Applications](#) (indicated by a red arrow)
- KBEMS Test 1 (170321786)**
900 SW Jackson Room 1031, Topeka, Kansas 66612
Ground Ambulance -- Issued: 10/25/2017 -- Expires: 04/30/2018
[View Services Applications](#)

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Now select “Apply Now” for the Attendant continuing education submission

Kansas Board of Emergency Medical Services
License Management Public Portal

KBEMS Service Lookup

Welcome, John Test | Logout

My Account

- Applications
- Continue 2
- Checkout
- Transaction
- Review

Training

Services

Lookup

Available Applications

Begin a new application, or click one of the links in the left menu to work with an application you have already begun.

My Applications | Service Applications

Test, John (E1234567)
EMT
Issue Date: 12/22/2015
Expiration Date: 12/31/2017

Applications	Action
Initial Instructor Coordinator Certification Application Completion of this application is required to gain initial certification as a Kansas EMS Instructor Coordinator.	Apply Now
Recognition of Non-Kansas Credentials DO NOT use this form if you already have Kansas certification as an EMS provider or if you are enrolling in an Initial course of instruction. Completion of this application is for those individuals who have EMS credentials from another state and have never been certified as an EMS attendant in the State of Kansas.	Apply Now
Attendant Continuing Education Submission Attendants may enter their continuing education courses using this form. At any time you may run a report in your attendant page under "training" and "report" that will assist you in tracking needed hours for recertification of your attendant certificate.	Apply Now
Retro-Active Approval for CE Attendants may apply for Retro-Active Approval of Continuing Education for those classes not prior approved by KBEMS.	Apply Now
Change of Name Request Application	

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Page one of the application. Verify the following information and save and continue to page 2.

Kansas Board of Emergency Medical Services
License Management Public Portal

Welcome, John Test | Logout

03-100 - ATTENDANT CONTINUING EDUCATION submission

Attendant Continuing Education submission - 1 of 3 | Continuing education class - 2 of 3 | Affirmation statement -

Attendant information verification

National Registry Certification Number

*What is your license number
E1234567

At what certification level are you renewing?

EMR

EMT

AEMT

Paramedic

Verify your attendant number and level of certification are correct.

Save and Continue Now select Save and continue

On page 2 you will be required to enter the following information. Failure to follow these steps will result in your submission to not populate your training report.

- Enter the Provider of Training Course
 - If you have multiple CE certificates from multiple Providers of Training you will need to complete additional applications.

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The screenshot displays the Kansas Board of Emergency Medical Services License Management Public Portal. The header includes the board's logo and the text "Kansas Board of Emergency Medical Services License Management Public Portal". A navigation menu on the left lists "My Account", "Applications", "Continue 2", "Checkout", "Transaction", "Review", "Training", "Services", and "Lookup". The main content area shows a breadcrumb trail: "03-100 - ATTENDANT CONTINUING EDUCATION submission" > "Attendant Continuing Education submission - 1 of 3" > "Continuing education class - 2 of 3" > "Affirmation statement -". Below this is a section titled "Instructions for use" with the following text:


*****PLEASE READ AND UNDERSTAND THE FOLLOWING*****

****Please make sure that the provider of training has not already entered the course you are submitting. Check your detailed training report to assure the training you are going to enter has not already been submitted by a Program Provider. This will cause duplication of hours and will reflect more hours acquired than what you have actually earned. Not accurately reporting your continuing education hours can negatively impact your ability to recertify as a Kansas Attendant. Reading your training report, Formal entries are those entered by a Program Provider. Supplemental entries are entries made via this form.

- If the course you are entering was not offered as a Kansas approved course or a CECBEMS/ CAPCE accredited course, you must first apply for "retroactive approval" using the retroactive application. Once KBEMS retroactive approval has been issued for the course, you will need to select the Board of EMS as the Sponsoring Organization in the box below.
- If your course was CECBEMS/ CAPCE accredited, you will need to select CAPCE accredited CE as the Sponsoring Organization.

***** Please make sure you upload your certificate of completion/ attendance for the hours you are submitting for each course. It is recommended you enter one (1) CE certificate to one (1) application.
Below, please enter the Organization for the training you are submitting.

*Program Provider of Training

-- Program Provider of Training --  Enter the Provider of Training

Supplemental Training

- Add your information for training by selecting “Add Training”

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Supplemental Training

Applying Level: EMT

Training Incomplete

Requirements:

^ Kansas Core Component: Airway, Respiration & Ventilation (Adult / peds)

Topics	Required	Max	Completed	Remaining
1-Airway Respiration Ventilation / Ks Core Category				
<input checked="" type="checkbox"/> Ventilation/Oxygenation				
<input checked="" type="checkbox"/> BLS Airway Management	4.00	-	2.00	2.00
<input checked="" type="checkbox"/> Pharmacology/Medication Administration				
Requirement Total:	4.00	-	2.00	2.00

AND

Select "Add Training as needed"

^ Kansas Core Component: Cardiovascular

Topics	Required	Max	Completed	Remaining
2-Cardiovascular / Ks Core Category				
<input checked="" type="checkbox"/> ACS/Chest Pain <input checked="" type="checkbox"/> Stroke				
<input checked="" type="checkbox"/> Cardiac Arrest (Adult/Peds)				
<input checked="" type="checkbox"/> 4&12 Lead ECG	6.00	-	6.00	0.00
<input checked="" type="checkbox"/> Pharmacology/Medication Administration (Adult/Peds)				
Requirement Total:	6.00	-	6.00 (1.00)	0.00

AND

- o Complete all fields and upload your CE cert

Training:

*Name:

*Date: Today

Location:

Certificate: No file chosen
.BMP,.css,.doc,.docx,.htm,.jpeg,.jpg,.mht,.mp4,.msg,.odt,.pdf,.png,.ppt,.ppbx,.rtf,.rtx,.tif,.tiff,.xls,.xlsx,.xml,.zip.xml - application

Topics: Now select "Add Topic"

Requirement Total: 4.00 - 2.00 2.00

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- Select “Add Topic”
 - Select the category of training, the time issued on your CE cert and the subcategories (if applicable)
 - Select “Save”

Training:

*Name:

*Date: Today

Location: Enter or Find

Certificate: No file chosen
.BMP, .css, .doc, .docx, .htm, .jpeg, .jpg, .mht, .mp4, .msg, .odt, .pdf, .png, .ppt, .ppbx, .rtf, .rbx, .tif, .tbt, .xls, .xlsx, .xml, .zip, .xml - application

Topic	Hours	Options
Select your topic	Enter time	<input type="checkbox"/> Ventilation/Oxygenation <input type="checkbox"/> BLS Airway Management <input type="checkbox"/> ALS Airway Management <input type="checkbox"/> Pharmacology/Medication Administration
1-Airway Respirator		

Last, select SAVE

Select subtopics (if applicable)

Now you can check to see if your information has been entered correctly, assure you have selected the correct options and uploaded your CE cert as shown below.

AND

^ Individual Component (Flex Hours)				
Topics	Required	Max	Completed	Remaining
7-Individual Component	0.00	4.00	4.00	0.00
Requirement Total:	0.00	-	4.00	0.00

	Required	Max	Completed	Remaining
Topic Requirements Total:	20.00	-	19.00	1.00
Flex Hours Total:	8.00	-	8.00 (19.00)	0.00
Level Total:	28.00	-	27.00	1.00

Find your training totals at the bottom of the categories

Training History: **Now look in your training history seen here**

Trainings from 12/21/15 to 12/30/17 are valid towards the above requirements.

Course Name	Date	Location	Certificate	Topic Hours
Airway Management	10/24/17	7403 Board of EMS	KBEMS ConEd Cert.docx	1-Airway Respiration Ventilation / Ks Core Category - 1.00
TEST	5/31/17			2-Cardiovascular / Ks Core Category - 2.00
TEST	5/31/17			4-Medical / Ks Core Category - 3.00
TEST	5/31/17			4-Medical / Ks Core Category - 3.00

The course you just entered will be displayed like this. You can click on the course title and it will reopen what you have entered.

Assure your CE cert has been uploaded as seen here

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Next select you have the CE cert. If you would like to add additional files you may do so at the bottom section indicated below.

Then select “Save and Continue”

The screenshot displays a web form for submitting continuing education. At the top right, there is a green button labeled '+ Add Training'. Below this is a section titled 'Continuing education certificate of attendance/ completion' with a dropdown arrow. It contains a question: '*All CE certificates in which you are requesting training hours must be in your possession. Have you uploaded the CE cert to this application?'. There are two radio buttons: 'YES' and 'NO'. A red arrow points to the 'YES' radio button, and the text 'Select you have your CE cert' is written next to it. Below this is another section titled 'Certificate upload' with a dropdown arrow. It contains the text 'If you have not uploaded your CE certificate above, please do so here.' and a 'File' section. The 'File' section includes an 'Upload File' button, a red text instruction 'if you need to add additional uploads do so here', a 'Name' text input field, a 'Description' text area, and a 'Document Type' dropdown menu. At the bottom of the 'File' section is a green button labeled '+ Add Another'. At the very bottom of the form is a 'Save and Continue' button with a dropdown arrow. A red arrow points to this button, and the text 'Select Save and Continue' is written next to it.

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Finally, enter your initials, enter your password and select Submit.

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Welcome, John Test | Logout

03-100 - ATTENDANT CONTINUING EDUCATION submission


Continue 2
Checkout
Transaction
Review

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▼ Acknowledgement


I declare under the penalty of perjury under the laws of the State of Kansas that the information provided in this application are true and correct to the best of my knowledge. By typing your initials in the box below you affirm that the submission of education is correct and can be validated by the program manager or course instructor

*Enter your initials 

JAT

Username: jtest

Password: ***** **Enter your password**

Submit  **Select Submit**

Once you are completed with this application and submit, you will be able to review your training report and the addition of your submission will be immediate.

If you believe you have submitted this in error you will need to contact our office to delete the application.

If you need any other assistance please contact our office.