

How to submit the “EMS Provider 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
“EMS Provider 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
- 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.

Application ID	Service	Issue Date	Expiration Date	Action
E1234567	EMT	12/22/2015	12/31/2017	View My Applications
170321786	Ground Ambulance	10/25/2017	04/30/2018	View Services Applications

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

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

Welcome, John Test | Logout

My Account

- Applications
 - Continue
 - 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 a previously started application.

My Applications | Service Applications

Test, John (E1234567)
EMT
Issue Date: 12/22/2015
Expiration Date: 12/31/2019

Applications	Action
Initial EMS Provider Certification Application Completion of this application is required to gain initial certification as a Kansas EMS attendant who are enrolled in an initial course of instruction for EMR, EMT, AEMT or Paramedic. This includes currently certified attendants who are in an initial course of instruction for a higher certification.	Apply Now
Instructor Coordinator - Notice of Intent/Request to Examine This form is ONLY for notifying the Board of the individual's intent to enroll in an Instructor Coordinator Initial Course of instruction and provision of information necessary to determine eligibility to become an IC.	Apply Now
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 provider in the State of Kansas.	Apply Now
EMS Provider Continuing Education Submission This form is ONLY for entry of EMS provider continuing education courses. (Not for Requesting Retroactive Approval of CE) To track hours required for recertification, go to "Training," then "Report."	Apply Now
Retro-Active Approval for CE	Apply Now

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

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Welcome, John Test | Logout

03-100 - EMS PROVIDER CONTINUING EDUCATION submission

EMS Provider Continuing Education submission - 1 of 3 Continuing education class - 2 of 3 Affirmation statement - 3 of 3

▼ Provider information verification

This application will expire in 5 days if not completed in its entirety.

It is recommended to use one application per one continuing education certificate and submit as soon as completed.

National Registry Certification Number

*What is your license number

At what certification level are you renewing?
 EMR EMT AEMT Paramedic

Verify your attendant number and level of certification are correct

← 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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03-100 - EMS PROVIDER CONTINUING EDUCATION submission

EMS Provider Continuing Education submission - 1 of 3 Continuing education class - 2 of 3 Affirmation statement - 3 of 3

▼ Instructions for use

*Provider of Training

Select Provider of Training  Enter the Provider of Training

****Prior to submitting this application: Verify this Training has not been submitted by the Provider****

Double submission will result in duplication of hours, reflecting more hours than what has actually been earned. This could negatively impact recertification.

Formal entries are those entered by a Provider of Training. Supplemental entries are entries made via this form.

- Courses not Kansas or CAPCE approved, or approved by another State's EMS agency or accrediting body, must be submitted for "Retroactive Approval of Continuing Education".
- When submitting **Retroactive approved courses**, select **Board of EMS** as the Sponsoring Organization.
- When submitting **CAPCE approved courses**, select **CAPCE** as the Sponsoring Organization.

Upload certificates of completion/attendance for each course. It is recommended you enter one (1) CE certificate to one (1) application.

Enter the **EXACT** name of the course being uploaded as indicated on the CE certificate

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	4.00	-	2.00	2.00
<input checked="" type="checkbox"/> BLS Airway Management				
<input checked="" type="checkbox"/> Pharmacology/Medication Administration				
Requirement Total:	4.00	-	2.00	2.00

+ Add Training

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	6.00	-	6.00	0.00
<input checked="" type="checkbox"/> Cardiac Arrest (Adult/Peds)				
<input checked="" type="checkbox"/> 4&12 Lead ECG				
<input checked="" type="checkbox"/> Pharmacology/Medication Administration (Adult/Peds)				
Requirement Total:	6.00	-	6.00 (1.00)	0.00

+ Add Training

AND

- o Complete all fields and upload your CE cert

Training:

*Name:

*Date: Today

Location:

Certificate: No file chosen **Choose your CE cert to upload**

.BMP;.css;.doc;.docx;.htm;.jpeg;.jpg;.mht;.mp4;.msg;.odt;.pdf;.png;.ppt;.pptx;.rtf;.rtx;.tif;.txt;.xls;.xlsx;.xml - application

Topics: **Now select "Add Topic"**

Requirement Total: 4.00 - 2.00 2.00 **+ Add Training**

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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, .rx, .tif, .txt, .xls, .xlsx, .xml, .zip, .xml - application

Topic	Hours	Options
Select your topic 1-Airway Respirator	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

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

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

Find your training totals at the bottom of the categories

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”

+ Add Training

▼ Continuing education certificate of attendance/ completion

*All CE certificates in which you are requesting training hours must be in your possession. Have you uploaded the CE cert to this application?

YES **← Select you have your CE cert**

▼ Certificate upload

If you have not uploaded your CE certificate above, please do so here.

File

Upload File **← If you need to add additional uploads do so here**

Name

Description

Document Type

— Document Type —

+ Add Another

Save and Continue **← Select Save and Continue**

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

The screenshot shows a web application interface. On the left is a navigation menu with categories: My Account, Applications (with sub-items: Continue 1, Checkout, Transaction, Review), Training, Services, and Lookup. The main content area is titled "03-100 - EMS PROVIDER CONTINUING EDUCATION submission" and has three tabs: "EMS Provider Continuing Education submission - 1 of 3", "Continuing education class - 2 of 3", and "Affirmation statement - 3 of 3". The active tab is "Affirmation statement - 3 of 3". Under the heading "Acknowledgement", there is a declaration: "By entering my initials below, I declare that the submitted course(s), meet the regulatory requirements for approved continuing education pursuant to K.A.R. 109-1-1 and K.A.R. 109-5-1. I further declare that under the penalty of perjury under the laws of the State of Kansas that the information provided in this application is true and correct to the best of my knowledge." Below this is a field labeled "*Enter your initials" containing the text "jat", with a red arrow pointing to the field. Further down are fields for "Username: jtest" and "Password: Enter your password". At the bottom left of the form is a "Submit" button with a checkmark icon.

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.