

EDUCATORS WORKSHOP REQUEST FOR APPROVAL

Board of EMS LSOB 900 SW Jackson, Rm. 1031-S Topeka, KS 66612 785-296-7296

PLEASE TYPE OR PRINT

Sponsoring Organization _____

Program Managers Name _____ Email _____

Street _____ City _____ State _____ Zip _____

Medical Director _____

Workshop Location, Building _____ Street _____

City _____ State _____ County _____ EMS Region _____

This program is open to ICs outside of your agency? Yes No

Is this class submitted for Educational Incentive Grant funding? Yes No

This form must be submitted a minimum of 30 days prior to course offering. Approved courses will be posted at www.kemsis.org.

THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE

BEMS USE ONLY

This proposed workshop is: Approved Not Approved

Course Identification Number CE _____

Approved by

Date

WORKSHOP SCHEDULE

Date	Time	Topic	Lesson #	Hrs	IC & Credentials