REQUEST FOR INITIAL COURSE APPROVAL

Board of EMS 900 SW Jackson Street Room 1031 Topeka, KS 66612-1228 785-296-7296

********** TYPE OR PRINT CLEARLY **********

SELECT COURSE LEVEL:

☐ EMERGENCY MEDICAL RESPONDER ☐ EMERGENCY MEDICAL TECHNICIAN

☐ ADVANCED EMERGENCY MEDICAL TECHNICIAN ☐ PARAMEDIC

INSTRUCTOR NAME:_____ CERT #: _____

STREET:_____

CITY:_____STATE:____ ZIP:_____

EMAIL:_____

DATE OF FIRST CLASS:_____DATE OF LAST CLASS:_____

SPONSORING ORGANIZATION:_____

PROGRAM MANAGER NAME:_____

PHONE: ( )_____EMAIL:_____

MEDICAL DIRECTOR:_____PHONE:_____

COURSE LOCATION:_____ROOM#_____STREET:_____

CITY:_____STATE:_____COUNTY:_____EMS REGION:_____

DATES CLASSES TO BE HELD:

☐ SUN ☐ MON ☐ TUE ☐ WED ☐ THURS ☐ FRI ☐ SAT

CLASS TIME: BEGINNING:_____ENDING:_____

NUMBER OF LECTURE HOURS:_____NUMBER OF LAB HOURS:_____

NUMBER OF CLINICAL HOURS:_____TOTAL COURSE HOURS:_____

ANTICIPATED NUMBER OF STUDENTS:_____

Assurances and Certifications

We the undersigned assure and certify that the training program for which we seek approval from the Kansas Board of EMS (KBEMS) will offer this course in compliance with the authority and requirements of the course approval granted by the KBEMS as described in Kansas statutes annotated and Kansas administrative regulations.

Furthermore, we assure and certify that the KBEMS will be provided copies of any and all course records upon request.

THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE THAT SUBMISSION OF THIS FORM TO THE KANSAS BOARD OF EMERGENCY MEDICAL SERVICES ELECTRONICALLY OR BY FACSIMILE WILL HAVE THE SAME FORCE AND EFFECT AS AN ORIGINAL FORM SIGNED BY ME UNDER PENALTY OF PERJURY.

_____ _____

PROGRAM MANAGER SIGNATURE DATE

_____ _____

PRIMARY INSTRUCTOR SIGNATURE DATE

_____ _____

MEDICAL DIRECTOR SIGNATURE DATE

THIS FORM SHALL BE RECEIVED IN THE BOARD'S OFFICE AT LEAST 30 DAYS PRIOR TO THE FIRST SCHEDULED CLASS SESSION.