

Assurances and Certifications

We the undersigned assure and certify that this course will be offered in compliance with the authority and requirements of the training program approval granted by the Kansas Board of EMS as described in Kansas statutes annotated and Kansas administrative regulations.

Furthermore, we assure and certify that the Kansas Board of EMS will be provided copies of all rosters for this course and any and all other training program records upon their request.

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

SIGNATURE OF PROGRAM COORDINATOR

DATE

SIGNATURE OF MEDICAL ADVISOR

DATE

THIS FORM SHALL BE RECEIVED IN THE BOARD OFFICE AT LEAST 15 DAYS PRIOR TO THE FIRST SCHEDULED CLASS DATE.

FOR BEMS USE ONLY

THIS COURSE IS: APPROVED CIN _____ - _____ DENIED

IF DENIED, REASON(S)

SIGNATURE OF BEMS REPRESENTATIVE

DATE

Computer Entry Date _____ By _____