APPLICATION FOR INSTRUCTOR-COORDINATOR CERTIFICATION **Reset Form**

Kansas Board of EMS 900 SW Jackson St. Room 1031 Topeka, KS 66612 785-296-7296

Please fill out the application and pay the required fee of $65.00 made payable to the Board of EMS.

Name of applicant_____

Last First Middle

Date of birth_____/_____/_____ SS#_____

Your social security number is required pursuant 42 U.S.C.S.§ 666 (a)(13), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas Director of Taxation, upon request.

Mailing address_____

Street/Box # City State Zip

Work phone_____ Home phone_____

Level of EMS Provider certification: ☐ EMR ☐ EMT ☐ AEMT ☐ Paramedic

Other license(s)/certificate(s) held in health care field _____

K.S.A. 65-6129b(a)(2) provides one year from the date of last class of your I/C course to make application for certification. K.A.R. 109-7-1 establishes an application for examination/certification fee Instructor-Coordinator of $65.00.

STATEMENT OF APPLICANT

I am requesting certification for Kansas Instructor-Coordinator. I certify the statements above are true and complete to the best of my knowledge. I understand that certification will be dependent on my successful completion of the documented competencies in an assisted teaching experience per administrative regulations and policies and procedures established by the Board.

_____ _____

Signature of applicant Date

FOR BOARD USE ONLY

DATE CERTIFIED_____ FEE PAID_____ COMPUTER ENTRY BY_____