

# SINGLE PROGRAM CONTINUING EDUCATION REQUEST

KS BOARD OF EMS      900 SW JACKSON, RM 1031      TOPEKA, KS 66612      785.296.7296

PLEASE TYPE OR PRINT

Sponsoring Organization: \_\_\_\_\_ KS- \_\_\_\_\_

Program Manager Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cert #: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Director: \_\_\_\_\_

Class Location: Bldg: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ County: \_\_\_\_ EMS Region \_\_\_\_

Course Date(s): \_\_\_\_\_

Course Time(s): \_\_\_\_\_ # of hours requested: \_\_\_\_\_

Course Title: \_\_\_\_\_

Primary Instructor: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Other Instructor(s): \_\_\_\_\_

Qualifications: \_\_\_\_\_

Svc. Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prog. Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_