

How to submit the “EMS Provider Continuing Education Submission” License Management Public Portal

To correctly submit the EMS Provider Continuing Education Submission application, please follow the steps outlined below. This will allow for your submission to populate directly to your training report.

- After you have logged into your portal account select “Applications”

Kansas Board of Emergency Medical Services
License Management Public Portal

KBEMS Service Lookup

Welcome, John Test | Logout

You are logged in. Welcome John Test.

My Account

- My Account
 - Profile
 - Documents
 - Applications**
 - Training
 - Services
 - Lookup

System Update information

- **November 28, 2017 8:30 am - 9:30am (All Users) Update includes:** Corrections to the training report totals. Visibility of current training report for organizations. Corrections to the transaction receipts for bulk payments of personnel.
- Available Tutorials: [Continuing Education Submission](#) [Program Provider Submissions](#)

Remember to keep your email address updated at all times
You can do so by selecting "Profile" to the left below "My Account"

John Test
EMT
Number: E1234567
Issued: 12/22/2015
Expiration: 12/31/2017

2 Forms pending completion
0 Application to be reviewed

0 New training added
0 Upcoming training this week
0 Upcoming test this week

I am looking for...
Personnel
Certification Number First Name
Last Name
GO

© 2017 ImageTrend, Inc.

How to submit the
“EMS Provider Continuing Education Submission”
License Management Public Portal

- Now select “View My Applications”

 **Kansas Board of Emergency Medical Services**
License Management Public Portal

KBEMS | Service Lookup

Welcome, John Test | Logout

My Account

- Applications**
- Continue 2
- Checkout
- Transaction
- Review

Training

Services

Lookup

Available Applications

Click "View My Applications" to view your personnel applications, or click one of the "View Service Applications" buttons to view the service licenses you can apply to for that service.

 **Test, John (E1234567)**
EMT
Issue Date: 12/22/2015
Expiration Date: 12/31/2017

 [View My Applications](#)




 **KBEMS Test 1 (170321786)**
900 SW Jackson Room 1031, Topeka, Kansas 66612
Ground Ambulance -- Issued: 10/25/2017 -- Expires: 04/30/2018

[View Services Applications](#)

© 2017 ImageTrend, Inc.

How to submit the “EMS Provider Continuing Education Submission” License Management Public Portal

- Now select “Apply Now” for the “EMS Provider continuing education submission” as shown below

 Test, John (E1234567) EMT Issue Date: 08/14/2019 Expiration Date: 12/31/2021	
Applications	Action
Renewal Educator (Instructor Coordinator) Certification Application This application is used to renew your current Instructor coordinator certification. In order to renew your instructor certification, you MUST first renew your attendant certification.	Apply Now  16 days until application period closes
Initial EMS Provider Certification Application Completion of this application is required to gain initial certification as a Kansas EMS attendant who are enrolled in an initial course of instruction for EMR, EMT, AEMT or Paramedic. This includes currently certified attendants who are in an initial course of instruction for a higher certification.	Apply Now
Instructor Coordinator - Notice of Intent/Request to Examine This form is ONLY for notifying the Board of the individual's intent to enroll in an Instructor Coordinator Initial Course of instruction and provision of information necessary to determine eligibility to become an IC.	Apply Now
Initial Instructor Coordinator Certification Application Completion of this application is required to gain initial certification as a Kansas EMS Instructor Coordinator.	Apply Now
Instructor Coordinator Renewal Certification Application with Primary Cert UPGRADE This application is for update of expiration date for an Instructor Coordinator who has UPGRADED their primary certificate. INTERNAL USE ONLY.	Apply Now
Recognition of Non-Kansas Credentials DO NOT use this form if you already have Kansas certification as an EMS provider or if you are enrolling in an Initial course of instruction. Completion of this application is for those individuals who have EMS credentials from another state and have never been certified as an EMS provider in the State of Kansas.	Apply Now
EMS Provider Continuing Education Submission This form is ONLY for entry of EMS provider continuing education courses. (Not for Requesting Retroactive Approval of CE) To track hours required for recertification, go to "Training," then "Report."	 Apply Now
Retro-Active Approval for CE This application is ONLY for requesting Retro-Active Approval of Continuing Education. It must be received within 180	Apply Now

How to submit the
“EMS Provider Continuing Education Submission”
License Management Public Portal

Page 1 of 3 - Verify the following information and save and continue to page 2.

Kansas Board of Emergency Medical Services
License Management Public Portal

Welcome, John Test | Logout

03-100 - ATTENDANT CONTINUING EDUCATION submission

Attendant Continuing Education submission - 1 of 3 | Continuing education class - 2 of 3 | Affirmation statement -

Attendant information verification

National Registry Certification Number

*What is your license number

E1234567

At what certification level are you renewing?

EMR

EMT

AEMT

Paramedic

Verify your attendant number and level of certification are correct.

Now select Save and continue

How to submit the “EMS Provider Continuing Education Submission” License Management Public Portal

On page 2 of 3 you will be required to enter the following information. Failure to follow these steps will result in your submission to not populate your training report.

- Enter the Provider of Training Course
 - If you have multiple CE certificates from multiple Providers of Training you will need to complete additional applications.

Kansas Board of Emergency Medical Services
License Management Public Portal

Welcome, John Test | Logout

03-100 - ATTENDANT CONTINUING EDUCATION submission

Attendant Continuing Education submission - 1 of 3 | Continuing education class - 2 of 3 | Affirmation statement -

Instructions for use

*****PLEASE READ AND UNDERSTAND THE FOLLOWING*****

****Please make sure that the provider of training has not already entered the course you are submitting. Check your detailed training report to assure the training you are going to enter has not already been submitted by a Program Provider. This will cause duplication of hours and will reflect more hours acquired than what you have actually earned. Not accurately reporting your continuing education hours can negatively impact your ability to recertify as a Kansas Attendant. Reading your training report, Formal entries are those entered by a Program Provider. Supplemental entries are entries made via this form.

- If the course you are entering was not offered as a Kansas approved course or a CECBEMS/ CAPCE accredited course, you must first apply for "retroactive approval" using the retroactive application. Once KBEMS retroactive approval has been issued for the course, you will need to select the Board of EMS as the Sponsoring Organization in the box below.
- If your course was CECBEMS/ CAPCE accredited, you will need to select CAPCE accredited CE as the Sponsoring Organization.

***** Please make sure you upload your certificate of completion/ attendance for the hours you are submitting for each course. It is recommended you enter one (1) CE certificate to one (1) application.
Below, please enter the Organization for the training you are submitting.

*Program Provider of Training

-- Program Provider of Training -- **Enter the Provider of Training**

Supplemental Training

- If your course is a CAPCE accredited course, select **“CAPCE Accredited CE”**
- If your course was approved by another State’s office of EMS, select **“OUT-of-STATE APPROVED CE”**

How to submit the “EMS Provider Continuing Education Submission” License Management Public Portal

- As shown below, you will select “Add Training” to begin adding your course information.
 - Make your selection based on training topic i.e. Airway, Cardiovascular, etc.

Supplemental Training

Applying Level: EMT

Training Incomplete

Requirements:

^ Kansas Core Component: Airway, Respiration & Ventilation (Adult / peds)

Topics	Required	Max	Completed	Remaining
1-Airway Respiration Ventilation / Ks Core Category				
<input checked="" type="checkbox"/> Ventilation/Oxygenation				
<input checked="" type="checkbox"/> BLS Airway Management	4.00	-	2.00	2.00
<input checked="" type="checkbox"/> Pharmacology/Medication Administration				
Requirement Total:	4.00	-	2.00	2.00

Select "Add Training as needed"

AND

^ Kansas Core Component: Cardiovascular

Topics	Required	Max	Completed	Remaining
2-Cardiovascular / Ks Core Category				
<input checked="" type="checkbox"/> ACS/Chest Pain <input checked="" type="checkbox"/> Stroke				
<input checked="" type="checkbox"/> Cardiac Arrest (Adult/Peds)	6.00	-	6.00	0.00
<input checked="" type="checkbox"/> 4&12 Lead ECG				
<input checked="" type="checkbox"/> Pharmacology/Medication Administration (Adult/Peds)				
Requirement Total:	6.00	-	6.00 (1.00)	0.00

AND

How to submit the “EMS Provider Continuing Education Submission” License Management Public Portal

- CE Certificates should be uploaded at this time.
- As shown below, add the specific course information. Then select “Add Topic”

Training:

*Name:

*Date: Today

Location:

Certificate: No file chosen
.BMP, .css, .doc, .docx, .htm, .jpeg, .jpg, .mht, .mp4, .msg, .odt, .pdf, .png, .ppt, .ppbx, .rtf, .rtx, .tif, .tiff, .xls, .xlsx, .xml, .zip, .xml - application

Topics: **Now select "Add Topic"**

Requirement Total: 4.00 - 2.00 2.00

- Select “Add Topic”
 - Select the category of training, the time issued on your CE cert and the subcategories (if applicable)
 - Select “Save”
 - If you do not complete this last step shown below, your hours will not be displayed on your training report. Remember to select “Save” when complete.

Training:

*Name:

*Date: Today

Location:

Certificate: No file chosen
.BMP, .css, .doc, .docx, .htm, .jpeg, .jpg, .mht, .mp4, .msg, .odt, .pdf, .png, .ppt, .ppbx, .rtf, .rtx, .tif, .tiff, .xls, .xlsx, .xml, .zip, .xml - application

Topics:

Topic	Hours	Options
<input type="text" value="1-Airway Respirator"/>	<input type="text" value="1"/>	<input type="checkbox"/> Ventilation/Oxygenation <input type="checkbox"/> BLS Airway Management <input type="checkbox"/> ALS Airway Management <input type="checkbox"/> Pharmacology/Medication Administration

Last, select SAVE

Select subtopics (if applicable)

How to submit the “EMS Provider Continuing Education Submission” License Management Public Portal

Now you can check to see if your information has been entered correctly, assure you have selected the correct options and uploaded your CE cert as shown below.

****If the area below Topic Hours is blank, you should click on the course name to reopen and complete the step above and hit save.

The screenshot shows a web interface for tracking continuing education. It features a table for 'Individual Component (Flex Hours)' with columns for Topics, Required, Max, Completed, and Remaining. Below this is a summary table with columns for Required, Max, Completed, and Remaining, showing totals for Topic Requirements, Flex Hours, and Level. A 'Training History' section is highlighted with a red box and an arrow pointing to it from the text 'Now look in your training history seen here'. Below this is a table with columns for Course Name, Date, Location, Certificate, and Topic Hours. The first row is highlighted with a red box and an arrow pointing to it from the text 'The course you just entered will be displayed like this. You can click on the course title and it will reopen what you have entered.' Another red box highlights the 'Certificate' column for the first row, with an arrow pointing to it from the text 'Assure your CE cert has been uploaded as seen here'. A red arrow also points from the text 'Find your training totals at the bottom of the categories' to the bottom of the first table.

Topics	Required	Max	Completed	Remaining
7-Individual Component	0.00	4.00	4.00	0.00
Requirement Total:	0.00	-	4.00	0.00

+ Add Training

	Required	Max	Completed	Remaining
Topic Requirements Total:	20.00	-	19.00	1.00
Flex Hours Total:	8.00	-	8.00 (19.00)	0.00
Level Total:	28.00	-	27.00	1.00

Training History: Now look in your training history seen here

Trainings from 12/21/15 to 12/30/17 are valid towards the above requirements.

Course Name	Date	Location	Certificate	Topic Hours
Airway Management	10/24/17	7403 Board of EMS	KBEMS ConEd Cert.docx	1-Airway Respiration Ventilation / Ks Core Category - 1.00
TEST	5/31/17			2-Cardiovascular / Ks Core Category - 2.00
TEST	5/31/17			4-Medical / Ks Core Category - 3.00
TEST	5/31/17			4-Medical / Ks Core Category - 3.00

Find your training totals at the bottom of the categories

The course you just entered will be displayed like this. You can click on the course title and it will reopen what you have entered.

Assure your CE cert has been uploaded as seen here

How to submit the “EMS Provider Continuing Education Submission” License Management Public Portal

Next select you have the CE cert. If you would like to add additional files you may do so at the bottom section indicated below.

Then select “Save and Continue”

The screenshot shows a web form for submitting continuing education certificates. At the top right, there is a green button labeled "+ Add Training". Below this is a section titled "Continuing education certificate of attendance/ completion" with a dropdown arrow. The text below reads: "*All CE certificates in which you are requesting training hours must be in your possession. Have you uploaded the CE cert to this application?". There are two radio buttons: "YES" and "NO". A red arrow points to the "YES" radio button, with the text "Select you have your CE cert" next to it. Below this is another section titled "Certificate upload" with a dropdown arrow. The text below reads: "If you have not uploaded your CE certificate above, please do so here." Underneath is a "File" section containing an "Upload File" button, a red text instruction "if you need to add additional uploads do so here", a "Name" text input field, a "Description" text area, and a "Document Type" dropdown menu currently showing "-- Document Type --". At the bottom of the "Certificate upload" section is a green button labeled "+ Add Another". At the very bottom of the form is a button labeled "Save and Continue" with a right-pointing arrow. A red arrow points to this button, with the text "Select Save and Continue" next to it.

How to submit the “EMS Provider Continuing Education Submission” License Management Public Portal

Finally, enter your initials, enter your password and select Submit.

The screenshot displays the Kansas Board of Emergency Medical Services License Management Public Portal. The header includes the board's logo and the text "Kansas Board of Emergency Medical Services License Management Public Portal". A navigation menu on the left lists "My Account", "Applications", "Training", "Services", and "Lookup". The main content area shows a progress bar for "03-100 - ATTENDANT CONTINUING EDUCATION submission" with three steps: "Attendant Continuing Education submission - 1 of 3", "Continuing education class - 2 of 3", and "Affirmation statement - 3 of 3". The "Affirmation statement" step is active, showing a declaration: "I declare under the penalty of perjury under the laws of the State of Kansas that the information provided in this application are true and correct to the best of my knowledge. By typing your initials in the box below you affirm that the submission of education is correct and can be validated by the program manager or course instructor". Below this is a text input field labeled "*Enter your initials" with a red arrow pointing to it, containing the text "JAT". Underneath is a login section with "Username: jtest" and "Password: *****" with a red arrow pointing to the password field and the text "Enter your password". At the bottom, there is a "Submit" button with a checkmark and a red arrow pointing to it, with the text "Select Submit" next to it. The top right corner of the page says "Welcome, John Test | Logout".

Once you are completed with this application and submit, you will be able to review your training report and the addition of your continuing education will be immediate.

If you believe you have submitted this in error you will need to contact our office to delete the application.

How to submit the "EMS Provider Continuing Education Submission" License Management Public Portal

To check your Training Report you will need to follow the following steps:

First select "Training"
Next select "Report"

The **Date Range** must be changed to filter for the current renewal period, then click **Go** to see the list of continuing education completed during the renewal cycle. Failure to filter the list may result in inaccurate information.

5 topics remaining to meet Emergency Medical Technician requirement within filtered date range.

Training Levels associated to License Level: EMT | Date Range: 01/01/2018 to 12/31/2019

Level	Requirement	Topic/Competency	Required	Max	Completed	Remaining
Emergency Medical Technician	Reporting hours/credits from 01/01/2018 to 12/31/2019					

Now set your date range as shown below.

Set your date range to your recertification period
Now select "GO"

The **Date Range** must be changed to filter for the current renewal period, then click **Go** to see the list of continuing education completed during the renewal cycle. Failure to filter the list may result in inaccurate information.

5 topics remaining to meet Emergency Medical Technician requirement within filtered date range.

Training Levels associated to License Level: EMT | Date Range: 01/01/2018 to 12/31/2019

Level	Requirement	Topic/Competency	Required	Max	Completed	Remaining
Emergency Medical Technician	Reporting hours/credits from 01/01/2018 to 12/31/2019					

How to submit the “EMS Provider Continuing Education Submission” License Management Public Portal

Below is an example of how the system records hours either entered for you by a program provider or hours you have entered for yourself by application. In this example, John Test needs 4 hours of Airway and obtained 5 hours. The system records the 4 hours as needed to satisfy the requirement and automatically converts the 5th hour to Flex.

***You should always enter hours in the specific category in which they are obtained and allow the system to convert the extra hours into flex hours. The exception to this is only when the hours obtained do not belong in one of the Core categories. In this case you should enter them into the Local component category.

Reading your training report –

Level	Requirement	Topic/Competency	Required	Max	Completed	Remaining
Emergency Medical Technician						
Reporting hours/credits from all to all -- date range not specified						
Kansas Core Component: Airway, Respiration & Ventilation (Adult / peds)						
	1-Airway Respiration Ventilation / Ks Core Category		4.00	0.00	5.00	0.00
			Hours required		Hours completed	
Options:						
<input checked="" type="checkbox"/> Ventilation/Oxygenation <input checked="" type="checkbox"/> BLS Airway Management <input checked="" type="checkbox"/> Pharmacology/Medication Administration						
Requirement Total:			4.00		4.00 (1.00)	0.00
AND						
Kansas Core Component: Cardiovascular						
	2-Cardiovascular / Ks Core Category		6.00	0.00	8.00	0.00
Options:						
<input checked="" type="checkbox"/> ACS/Chest Pain <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Cardiac Arrest (Adult/Peds) <input checked="" type="checkbox"/> 4&12 Lead ECG <input checked="" type="checkbox"/> Pharmacology/Medication Administration (Adult/Peds)						
Requirement Total:			6.00		6.00 (2.00)	0.00
AND						
Kansas Core Component: Trauma (Adult / peds)						
	3-Trauma / Ks Core Category		2.00	0.00	3.00	0.00
Options:						
<input checked="" type="checkbox"/> CNS Injury <input checked="" type="checkbox"/> Hemorrhage Control <input checked="" type="checkbox"/> Soft Tissue/Musculoskeletal						
Requirement Total:			2.00		2.00 (1.00)	0.00

The system has credited 4 hours and converted the 5th hour to flex for you

How to submit the “EMS Provider Continuing Education Submission” License Management Public Portal

To see the full detail of your training report, select the icon shown below. This will not only allow you to see the hours you have obtained, but also each course you have reported on your training report. Again, make sure you enter your correct date range for your recertification period.

Kansas Board of Emergency Medical Services
License Management Public Portal

KBEMS Service Lookup

Welcome, John Test | Logout

My Account

Applications

Training

Manage Courses

Requests

Registrations

Report

Services

Test, John (E1234567)
EMT
Issue Date: 08/14/2019
Expiration Date: 12/31/2021

My Training Report This icon will open a new window and allow you to see the full detail for your training report

The **Date Range** must be changed to filter for the current renewal period, than click **Go** to see the list of continuing education completed during the renewal cycle. Failure to filter the list may result in inaccurate information.

Training Levels associated to License Level: EMT Date Range: mm/dd/yyyy to mm/dd/yyyy

Level	Requirement	Topic/Competency	Required	Max	Completed	Remaining
-------	-------------	------------------	----------	-----	-----------	-----------

If you need any other assistance, please contact our office.