

Initial EMS Provider Certification Application

Application completion is required to gain initial certification at all Kansas EMS Provider levels.

The required information gathered with this application is pursuant to Kansas Statutes Annotated and Kansas Administrative Regulations.

BEFORE submitting this application:

- Complete an EMS course for the certification level at which you are applying.
- Pass both the Cognitive (written) and Pyschomotor (skills) exams for the certification level at which you are applying.
- If not currently or previously certified in Kansas, complete the Criminal Records History Check Waiver Application, pay the applicable fee, and submit the waiver and fingerprints via an authorized agency.

Your social security number is required pursuant to Kansas Statutes Annotated, and may be used for child support enforcement purposes, provided to the Kansas Director of Taxation upon request, or as verification of person when validating national Registry of Emergency Medical Technician examination results.

All applicants not previously certified in Kansas must submit a fingerprint card, completed 3-page waiver and fee for a criminal background check prior to issuance of any EMS certification.

First locate the Initial EMS Provider Certification Application by clicking on “Applications”, then “View My Applications”.

Kansas Board of Emergency Medical Services
License Management Public Portal

KBEMS | Agency Lookup

Welcome, JOHN TEST | Logout

My Account

- Applications
- Continue 1
- Checkout
- Transaction
- Review 17
- Training
- Services
- Lookup

Available Applications

Click "View My Applications" to view all personnel applications, or click "View Service Applications" to view available service licenses for this login.

TEST, JOHN (E1234567)
EMT
Issue Date: 06/28/2021
Expiration Date: 12/31/2022

BOARD of EMS (KS-155)
900 SW Jackson Room 1031, Topeka, Kansas 66612
Initial Course of Instruction - EMR, Initial Course of Instruction - EMT, Initial Course of Instruction - AEMT, Initial Course of Instruction - Paramedic, Continuing Education - Long Term Program Provider, Continuing Education - Single Course Request - Issued: 04/10/2019

Once Located, click “Apply Now” to begin the application.

Initial EMS Provider Certification Application

Do you wish to become EMS certified in Kansas OR upgrade the scope of your EMS certification? Have you completed the Cognitive and Psychomotor Exams for the provider scope for which you are applying? If not previously EMS certified in Kansas, have you submitted a Waiver for Criminal History Records Check? Complete this application to apply for certification. NOTE: If you hold an EMS Certification in ANOTHER state, DO NOT use this application. Use the Recognition of Non-Kansas Credentials Ap...

Apply Now



Please review the instructions for the application.

Applicant Information - 1 of 4

Current Employment Information - 2 of 4

Criminal History - 3 of 4

Acknowledgement - 4 of 4

▼ Instructions

Application completion is required to gain initial certification at all Kansas EMS Provider levels.

The required information gathered with this application is pursuant to Kansas Statutes Annotated and Kansas Administrative Regulations.

- The course instructor will provide the course identification number and sponsoring organization information
- AEMT and Paramedic students must verify certification as a Kansas EMT in order to take the NREMT exam and acquire KS certification. [NREMT AEMT entry policy](#) [NREMT Paramedic entry policy](#).

Your social security number is required pursuant to Kansas Statutes Annotated, and may be used for child support enforcement purposes, provided to the Kansas Director of Taxation upon request, or as verification of person when validating national Registry of Emergency Medical Technician examination results.

All applicants not previously certified in Kansas must submit a fingerprint card, completed 3-page waiver and fee for a criminal background check prior to issuance of any EMS certification.

Direct questions to the Kansas Board of EMS at (785) 296-7296.

NOTE: If any changes to your address or contact information is needed, that can be done outside of this application in My Account - profile or by submitting a Change of Address/Contact Information Application.

Complete the "Applicant Information" section. Click "Save and Continue" at the end of the page. NOTE: If your name or address information has changed, the information should be updated in the portal through My Account or a Change of Name application as needed.

▼ Applicant Information

*Are you now or have you ever been EMS certified in the State of Kansas?

Yes No

*What EMS provider certification are you applying for?

EMR EMT AEMT Paramedic

First Name

JOHN

Middle Name

Last Name

TEST

Suffix

Other Name (if applicable)

Other Name (if applicable)

*Primary Address

*Postal Code

 Lookup

City

State

*Primary Email Address

Secondary Phone

Cell Phone

*Primary Phone

 Save and Continue



In this section you will be asked if you have completed the requirements for certification application. Click “Save and Continue” at the end of the page:

01-110 - INITIAL EMS Provider Certification Application 22-01

Applicant Information - 1 of 5 Eligibility for Certification - 2 of 5 Current Employment Information - 3 of 5 Criminal History - 4 of 5 A > ▾

▼ Prerequisites completed

*Have you completed an Initial Course of education at the level for which your are applying?
 Yes No

*Have you passed the Cognitive (written) exam for the level at which you are applying?
 Yes No

*Have you passed the Psychomotor (skills) exam at the level for which your are applying?
 Yes No

Save and Continue

If you answer “No” to any of these questions, you will receive this message:

You have indicated that you have not completed the required prerequisites to apply for certification. Please exit this application now. If submitted, this application will be automatically denied.

If you do receive this message, you can exit the application by clicking on “My Account” on the left side of the screen.

If you answer “No” to any of these questions, continue with the application and submit it, the application will be automatically Denied and you will not be charged a fee. You may reapply for certification when you have completed the requirements to do so.

Complete the “Current Employment Information” section. If you are certified/licensed with other health care training please indicate that here.

Applicant Information - 1 of 4 Current Employment Information - 2 of 4 Criminal History - 3 of 4 Acknowledgement - 4 of 4

▼ Kansas Certified EMS Providers

Certification Status

Current

Allied Health: Do you have other Health Care Training? If so, select appropriate type.

Physician Physician Assistant Advanced Practice RN RN Respiratory Care Practitioner Respiratory Therapist

If currently EMS certified in Kansas, please complete the section about your current employment.

*Primary EMS role (Select the most appropriate for your primary function)

EMS Patient Care

*What primary type of EMS organization do you work

City/County Government

*Level of Involvement

Volunteer

*Are you compensated in your primary role?

Yes

*Type of compensation

Full time paid

*What type of care do you provide in your primary role stated above (For fire service, first response and industrial teams without protocols your response is either First aid or No Patient care)

No Patient Care

Click “Save and Continue”




Complete the Criminal History Questions, then Click “Save and Continue”. If you answer “Yes” to any of these questions you will be asked to complete a separate Legal Questionnaire.

Navigation tabs: < Disclaimer Info - 1 of 5 | Tell Us About You - 2 of 5 | Non-Kansas Credentials Entry and Upload - 3 of 5 | **Criminal History - 4 of 5** | Acknowledge > | v

▼ Criminal History Questions

ALL applicants must answer the following questions.

- *Have you ever been convicted of a felony?
 Yes No
- *Are criminal proceedings, either felony or misdemeanor pending in any federal, state or municipal court?
 Yes No
- *Is an investigation and/or disciplinary action pending against any professional or occupational licensure, certification or registration?
 Yes No
- *Has any professional or occupational license, certification or registration ever been denied, revoked, suspended, limited or disciplinary action taken by a licensing authority of any state, agency of the US government, territory of the US or country?
 Yes No
- *Are you currently on or are you required to register on any state offender registry as part of any criminal sentencing?
 Yes No



Enter your initials to acknowledge the statement. Your Password will serve as your electronic signature.

Click Submit to complete the application. You must pay any applicable fees and complete the Legal Questionnaire (if required) for your application to be considered.

Applicant Information - 1 of 4

Current Employment Information - 2 of 4

Criminal History - 3 of 4

Acknowledgement - 4 of 4

▼ Applicant Acknowledgement

I grant the education institution permission to release personal information regarding my completion status for this course to the Kansas Board of Emergency Medical Services and I agree to provide copies of such documents immediately upon request. I declare under the penalty of perjury under the laws of the State of Kansas that the information provided in this application is true and correct.

***Applications are NOT considered complete until the application fee has been paid.

*Please enter your initials in the box provided that you acknowledge the above statement.

Username: jtest

Password:

Submit

