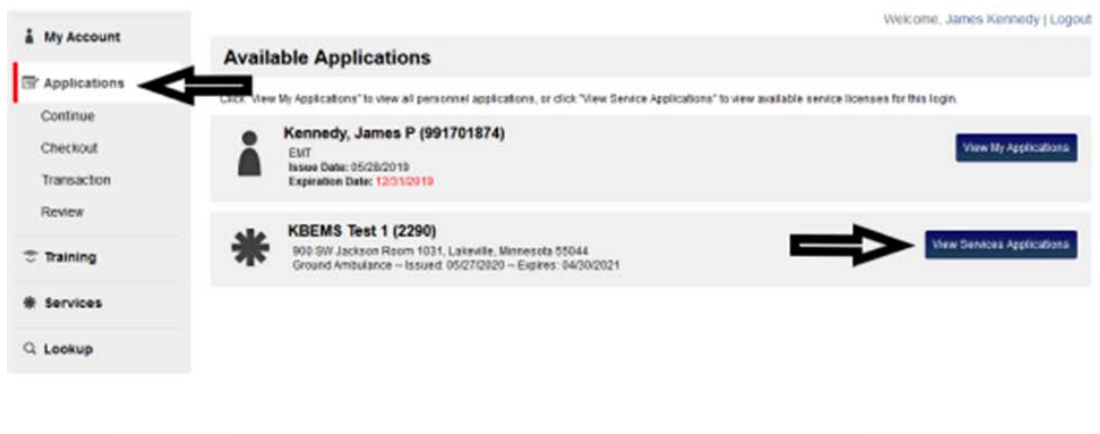


LONG TERM PROGRAM PROVIDER APPLICATION

ONLY Sponsoring Organizations may make application for Long Term Program Provider of continuing education as prescribed in K.A.R.109-5-3.

This application has three parts. The first is to be completed by the Service Director. The Second by the Program Manager and the Third by the Medical Director.

To access the application Click "Applications", then "View Services Applications".



After reading the paragraph, Click "Save and Continue" on the first tab.

02-120 - LONG TERM PROVIDER Application 1 (Service Director)

Instructions - 1 of 2 Long Term Program Provider - 2 of 2

Long Term Program Provider

This is Part 1 (One) of the three-part application for Long Term Program Provider. Part 1 of the application must be completed by the "Service Director" for the Sponsoring Organization making the request. Completion by an individual other than the Service Director will result in denial of the application. Complete Part 1 of the application in its entirety. Following submission, notification will appear in the Program Manager's Public Portal for their completion and upload of the So's Education Plan addressing all requirements as outlined in K.A.R. 109-5-3. Future changes in Service Director, Program Manager or Medical Director, will require submission of a new application.

[→ Save and Continue](#)

Complete/Update your Sponsoring Organization information as needed.

▼ Sponsoring Organization Information

*Application Type

Initial Application Program Change

*Service Name

KBEMIS Test 1

Service Number

99991

Service Contact

E-mail Address

james.kennedy@ks.gov

National Provider Identifier

Organization Type

Governmental, Non-Fire ▼

Organization Status

Combination ▼

Postal Code

66612

Street 1

900 SW Jackson

Street 2

Room 1031

City

Topeka

County

Shawnee

State

Kansas ▼

Phone

785 296 6209

Fax

Enter your initials and password to acknowledge the statement. Click "Submit".

▼ Affirmation statement

***I, the undersigned, as appointed "Service Director" for this Sponsoring Organization, assure and certify that the sponsoring organization understands its responsibilities and will comply with all requirements of Long Term Program Provider as described in Kansas Statutes Annotated and Kansas Administrative Regulations.
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 to the best of my knowledge.

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

jk

▼ Staff

Username: jkennedy

Password:

Submit

The second part of the Long Term Program Provider Application is to be completed by the Program Manager. After signing on access by Clicking on "Applications", "Continue" and then "Start" next to form "02-121 – LONG TERM PROVIDER Application 2 (Program Manager).

Welcome, JAMES KENNEDY | Logout

My Account

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


Continue My Applications

Incomplete applications are listed below. Click **Continue** to complete the desired application or the **PDF** icon to view a completed form. Click the arrow in the grey header bar to expand or collapse the list of forms associated with that license. Use the search box to narrow the list of licenses displayed. To view all licenses again, click **Clear**.

SEARCH [] CLEAR

▼ Long Term Program Provider Application - (KBEMS Test 1)

Status: Initiated	Initiated On: Jul 30, 2020
Number: PP-9991	Issue Date:
Level(s):	Expiration Date:
Forms: 1 of 2 completed	

Form	Requested	Completed	Action
02-121 - LONG TERM PROVIDER Application 2 (Program Manager)	Jul 30, 2020		<input checked="" type="checkbox"/> Start 
02-120 - LONG TERM PROVIDER Application 1 (Service Director)	Jul 30, 2020	Jul 30, 2020	View PDF

Records 1 1 of 1 First Previous Next Last Page 1 Per Page 10

After reading the paragraph, Click "Save and Continue" on the First Tab.

02-121 - LONG TERM PROVIDER Application 2 (Program Manager)

Instructions - 1 of 2 Program Manager - 2 of 2

▼ Long Term Program Provider

This is Part 2 (Two) of the three-part application for Long Term Program Provider. Part 2 of the application must be completed by the "Program Manager" appointed by the Sponsoring Organization making the request. Completion by an individual other than the Program Manager will result in denial of the application.

Complete Part 2 of the application in its entirety. Following submission, notification will appear in the Public Portal of the SO's Medical Director for their completion.

Future changes in Service Director, Program Manager, Medical Director, or the Organization's Education Plan will require submission of a new application.

→ Save and Continue

Complete the Program Manager information as needed.

Instructions - 1 of 2 Program Manager - 2 of 2

▼ Program Manager information

*First Name

JAMES

Middle Name

P

*Last Name

KENNEDY

Email

james.kennedy@ks.gov

Home Phone

785

296

3891

Work Phone

785

296

7296

Check the box, if The Long-Term Program Provider plan on file with the Kansas Board of EMS is current and remains in effect.

If there is a new plan, fill in the Name and Description fields, Select "Supporting Documents" as the Document type and Click "Upload File" to upload the new Long-Term Provider Plan. NOTE: Contact KBEMS Education staff for more information on the requirements of the Long-Term Provider Plan.

Document Upload

Program provider plan on file

The Long-Term Program Provider plan on file with the Kansas Board of EMS is current and remains in effect.

To submit changes or upload a new plan, select "ADD" below. Select the document for uploading, and select "Add." Multiple documents can be uploaded by clicking add and repeating the process.

File

Name

Long Term Provder Plan

Description

Our Plan

Document Type

Supporting Documents

Enter Your initials and password to acknowledge the statement. Click Submit.

Acknowledgement

***I the undersigned, as appointed Program Manager for the Sponsoring Organization, assure and certify that the sponsoring organization understands its responsibilities and will comply with the requirements of Long Term Program Provider as described in Kansas Statutes Annotated and Kansas Administrative Regulations.

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 to the best of my knowledge.

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

jk

Username: jkennedy

Password:

The third part of the Long-Term Provider application is to be completed by the Medical Advisor. After signing on the Medical Advisor should click “Applications”, “Continue”, and then “Start” next to “02-122 – LONG TERM PROVIDER Application 3 (Medical Director)”.

Welcome, JAMES KENNEDY | Logout

My Account

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

Continue My Applications

Incomplete applications are listed below. Click **Continue** to complete the desired application or the **PDF** icon to view a completed form. Click the arrow in the grey header bar to expand or collapse the list of forms associated with that license. Use the search box to narrow the list of licenses displayed. To view all licenses again, click **Clear**.

Search: **Q** **CLEAR**

▼ Long Term Program Provider Application - (KBEMS Test 1)

Status: Initiated
Number: PP-9991
Level(s):
Forms: 2 of 3 completed

Initiated On: Jul 30, 2020
Issue Date:
Expiration Date:

Forms			
Form	Requested	Completed	Action
02-122 - LONG TERM PROVIDER Application 3 (Medical Director)	Jul 30, 2020		Start
02-121 - LONG TERM PROVIDER Application 2 (Program Manager)	Jul 30, 2020	Jul 30, 2020	View PDF
02-120 - LONG TERM PROVIDER Application 1 (Service Director)	Jul 30, 2020	Jul 30, 2020	View PDF

After reading the paragraph, Click “Save and Continue” on the first tab.

02-122 - LONG TERM PROVIDER Application 3 (Medical Director)

Instructions - 1 of 2

Medical Director - 2 of 2

▼ Long Term Program Provider

This is Part 3 (Three) of the three-part application for Long Term Provider. Part 3 of the application must be completed by the "Medical Director" for the Sponsoring Organization making the request. Completion by an individual other than the Medical Director will result in denial of the applicaion. Complete Part 3 of the application in its entirety. Future changes in Service Director, Program Manager, Medical Director, or the Organization's Education Plan will require submission of a new application.

[Save and Continue](#)

Complete the Form. Enter your initials and password to acknowledge the statement. Click Submit.

02-122 - LONG TERM PROVIDER Application 3 (Medical Director)

Instructions - 1 of 2

Medical Director - 2 of 2

Medical Director Information

*Medical Director Name

Doctor Name

*Medical Director License Number

123456

Medical Director Area of Specialty

Emergency Medicine

Acknowledgement

As Medical Director responsible for oversight of educational offerings, I will review, approve and monitor education provided by the sponsoring organization pursuant to KAR 109-5-3, KAR 109-5-5, KAR 109-5-6, and/or KAR 109-11-1a. I have read and do hereby affirm that I understand and will abide by all requirements contained therein. My signature below indicates that I have read the regulations noted above and understand my responsibility as Medical Director for Education. I am a physician licensed to practice medicine and surgery in Kansas.

Should I desire to relinquish my role as Medical Director, I will notify the Kansas Board of Emergency Medical Services (KBEMS) and the Sponsoring Organization in writing, not less than ten (10) calendar days prior to the termination.

I the undersigned, as appointed Medical Director for the Sponsoring Organization, assure and certify that the sponsoring organization understands and will comply with the requirements of Long Term Program Provider as described in Kansas Statutes Annotated and Kansas Administrative Regulations. I declare under the penalty of perjury under the laws of the State of Kansas that the information provided in this Part 3 of the Long Term Program Provider application is true and correct.

*Please enter your initials in the box below affirming that you have read and understand the above statement.

jk

Below serves as the electronic signature of the Medical Director

Username: jkennedy

Password:

Submit