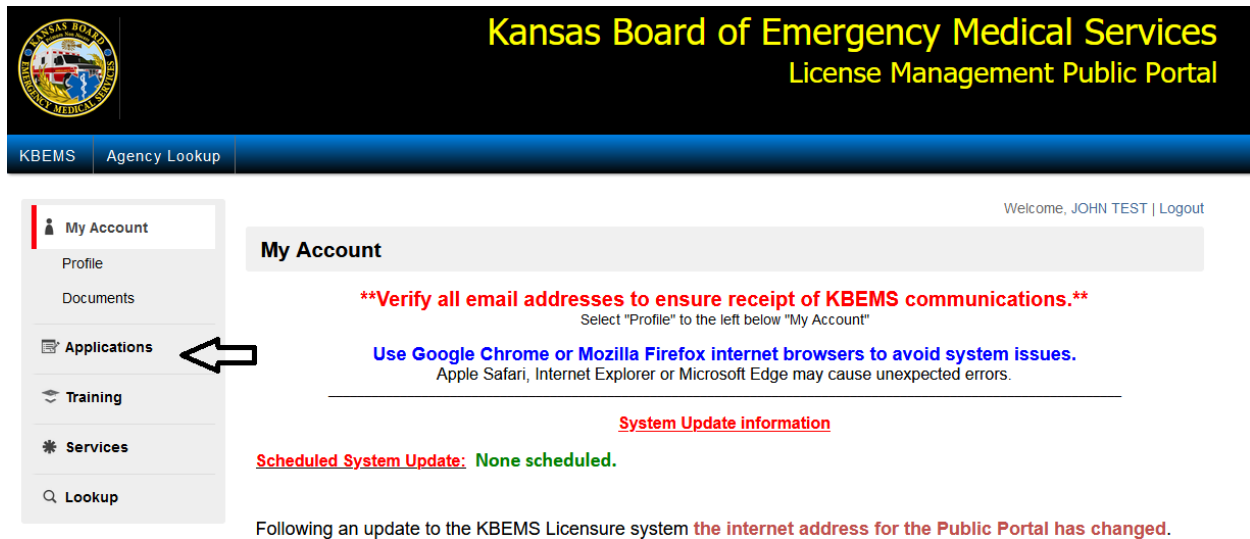


## Retro-Active Approval for CE

If you took a continuing education course that may fit into the education topics required for your EMS certificate within the past 180 days and the course is not already approved for credit by Kansas, another state, or CAPCE, you can apply for the hours to be approved by KBEMS as part of your CE.

Select “Applications” from the Left Panel:



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

KBEMS Agency Lookup

Welcome, JOHN TEST | Logout

**My Account**

**\*\*Verify all email addresses to ensure receipt of KBEMS communications.\*\***  
Select "Profile" to the left below "My Account"

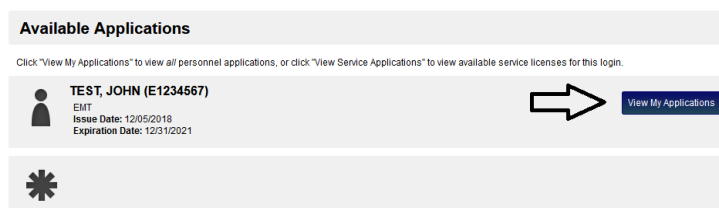
**Use Google Chrome or Mozilla Firefox internet browsers to avoid system issues.**  
Apple Safari, Internet Explorer or Microsoft Edge may cause unexpected errors.

**System Update information**

**Scheduled System Update: None scheduled.**

Following an update to the KBEMS Licensure system **the internet address for the Public Portal has changed.**

Select “View my Applications”:



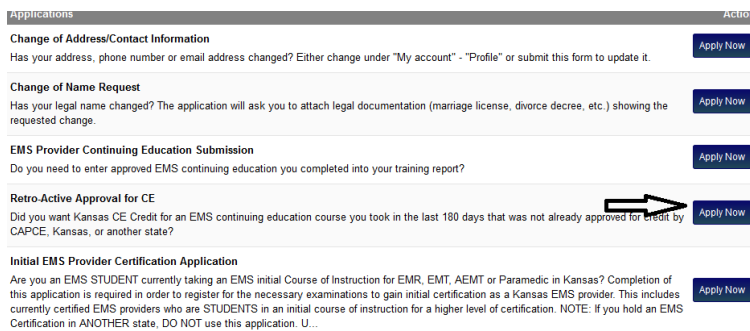
**Available Applications**

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: 12/05/2018  
Expiration Date: 12/31/2021

**View My Applications**

Click “Apply Now” next to “Retro-Active Approval for CE”:



Applications	Action
<b>Change of Address/Contact Information</b> Has your address, phone number or email address changed? Either change under "My account" - "Profile" or submit this form to update it.	<b>Apply Now</b>
<b>Change of Name Request</b> Has your legal name changed? The application will ask you to attach legal documentation (marriage license, divorce decree, etc.) showing the requested change.	<b>Apply Now</b>
<b>EMS Provider Continuing Education Submission</b> Do you need to enter approved EMS continuing education you completed into your training report?	<b>Apply Now</b>
<b>Retro-Active Approval for CE</b> Did you want Kansas CE Credit for an EMS continuing education course you took in the last 180 days that was not already approved for credit by CAPCE, Kansas, or another state?	<b>Apply Now</b>
<b>Initial EMS Provider Certification Application</b> Are you an EMS STUDENT currently taking an EMS initial Course of Instruction for EMR, EMT, AEMT or Paramedic in Kansas? Completion of this application is required in order to register for the necessary examinations to gain initial certification as a Kansas EMS provider. This includes currently certified EMS providers who are STUDENTS in an initial course of instruction for a higher level of certification. NOTE: If you hold an EMS Certification in ANOTHER state, DO NOT use this application. U...	<b>Apply Now</b>

Review the requirements for this application. Click "Save and Continue":

04-100 - RETROACTIVE APPROVAL of EMS Continuing Education-Applicant NEW

Retroactive course approval information - 1 of 4 Attendant Information - 2 of 4 Continuing education supporting documentation - 3 of 4

Section 1

Application for retroactive approval **must** meet ALL of the following:

- Meets the definition of "Continuing Education" as defined in K.A.R. 109-1-1.
- Be submitted within **180 days** of course completion as indicated on the certificate of attendance or certificate of completion;
- Include a certificate of attendance or certificate of completion that meets the requirements outlined K.A.R. 109-5-1;
- Include a copy of the course objective(s); and
- Include the signature of the EMS medical director as defined in K.A.R. 109-5-5; or
- Verification that course objectives correspond to objectives of the [Kansas Education Standards](#) for the level of certification being renewed.

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.

Save and Continue

Update your primary phone (if needed) and enter the number CE hours you are wishing to have approved, then click "Save and Continue":

04-100 - RETROACTIVE APPROVAL of EMS Continuing Education-Applicant NEW

Retroactive course approval information - 1 of 4 Attendant Information - 2 of 4 Continuing education supporting documentation - 3 of 4

Attendant Information

\*First Name  
JOHN

Middle Name

\*Last Name  
TEST

Email  
jimfynn10xxxx@gmail.com

Primary Phone  
785 - 296 - 7296

License Number  
E1234567

Certification Levels  
 EMR  EMT  AEMT  Paramedic

\*Number of hours of continuing education being requested?  
1

Save and Continue

Enter the name of the Medical Director approving the course for credit:

ation - 1 of 4 Attendant Information - 2 of 4 Continuing education supporting documentation - 3 of 4 Acknowledgement - 4 of 4

Medical Director Approval

In the instructions on page 1 of the application, Item #1 allows for the Medical Director for the ambulance service serving the EMS response area in which the attendant lives or the EMS medical director for the ambulance service, educational institution, or advisory board for which the attendant is currently employed or a member to approve a course taken for credit.  
In the section below enter the name of the Medical Director which will approve the course for credit.


Medical Director Name  
DR. BOB JONES

The Medical Director signature is represented below by their user name and password for the system. If your Medical Director does not have access to the system please contact our office.

Provide the requested information for a curricular match to the Kansas Education standards Upload certificate of completion and other supporting documents. Indicate how the hours are to be applied. Click Submit.


**Curricular Match to Education Standards**

In the instructions on page 1 of the application, item #2 allows for a **curricular match based on course objectives**. Provide the requested information for a curricular match to the [Kansas Education Standards](#). This section is for curricular match **ONLY**.

**Date of Course completion**  
12/29/2020  Today


**Kansas Education Standard Alpha-Numeric Code**  
SP3, SP5

**Course title or course objective matched**  
Caring for special needs children



A certificate of attendance or certificate of completion and course objectives must be uploaded below. Failure to upload required documents will result in application denial. If this information is not available, do not submit the application. Speak with the course instructor to obtain required documentation before continuing.  
If applying for credit for College courses, you must submit an Official College Transcript.

**File**




**Name**  
cert.jpg

**Description**  
Course certificate

**Document Type**  
Certificate of Attendance/Completion





Indicate below how hours are to be applied to the Kansas Continuing Education plan (KCEP). DO NOT place the Education Standards here. Please indicate your breakdown as follows in example:  
**Airway Respiration Ventilation 1 hour**

Pediatrics 2 hours



Enter your initials and your password. Click Submit:

< Information - 1 of 4   Attendant Information - 2 of 4   Continuing education supporting documentation - 3 of 4   **Acknowledgement - 4 of 4**   >   ▾

▼ **Applicant Acknowledgement**

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. Failure to click "Submit" results in an Incomplete application that will not be forwarded for processing.

**\*Applicant must enter their initials in the box provided as acknowledgement of the above statement.**

**\*Signature - Applicant**

Username: jtest

Password:

Submit