

Service Station Locations Update

Where do you have ambulances stationed? Have you added a new station to your service? Do you need to change the address or station number on an existing location? Has your Headquarters Changed? Then use this form.

NOTE: To remove station locations, please contact the Board of EMS offices at (785) 296-7296. Email or posted letter confirmation will be required.

To Access the Form: Click on Applications in the Left Panel, then Click View Service Applications next the appropriate service (members of management staff for multiple services may have more than one service available).



Select the Service Staff Position Application by Clicking on “Apply Now”:

This application is ONLY for requesting to be a Sponsoring Organization. All entities desiring to offer EMS continuing and initial education courses must be an approved sponsoring organization. Current Sponsoring Organizations desiring to update information, i.e., Service Director, Program Manager, etc. or to update educational documents, make corrections to this form and resubmit.	Apply Now
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.	Apply Now
Service Investigations Self Report Are you needing to report potential misconduct or potential violation of state laws relating to an EMS service?	Apply Now
Service Staff Position Do you need to make changes to or add administrative staff to your service? Use this form to add/change Service Directors, Medical Directors, Assistant Service Directors, non-Attendant Administrative Staff, Primary Contact, Instructional Staff, Lab Instructors, Infection Control Officers, Pediatric Emergency Care Coordinators, and/or ePCR Contact. Service Directors changes require a copy of letter assigning the position from the service operator to be attached. Medical Director changes requ...	Apply Now
NEW Ambulance License Application Application to add a NEW ambulance to your service, either Ground or Air.	Apply Now
Ambulance Removal Tool Do you want to REMOVE an ambulance from service? Use this form with CAUTION. Upon Submission any ambulances removed will no longer be available to your service. Ambulances removed with this tool will no longer be available for renewal.	Apply Now
EMS Voluntary Recognition Program This application allows for a service to apply for seven different categories of recognition, each of which have levels of Bronze, Silver, and Gold, and are attainable by any participating EMS service.	Apply Now
Ambulance Service Permit Initial Initial Ambulance Service Permit - For Services or Institutions that have NEVER had an EMS Ambulance Service Permit or been authorized to provide EMS education in the State of Kansas.	Apply Now
Service Station Locations Update Where do you have ambulances stationed? Have you added a new station to your service? Do you need to change the address or station number on an existing location? Has your Headquarters Changed? Then use this form.	Apply Now

To change the address of an existing station location or remove an existing station, click on the blue square on the right side:

02-580 Service Locations

Service Information

▼ **Service Information**

SERVICE INFORMATION: Only change the information in this section if the primary location, email, phone or website of the SERVICE or SHIPPING address has changed. This section does NOT update STATION LOCATIONS (see below).

*Service Number:

*Name:

▼ **Locations**

Use this section to update Station Locations (where ambulances or other medical response vehicles/aircraft are located). If you have more than one station location, a list of those locations is displayed. Click on the box next to a location to update the information for that location and then click "Done" when the updates are complete for that location. If you wish to add a station location, click "Add Another". Click "Done" when you have completed all of the information for the new Station.

NOTE: If you need to remove a Station Location, please contact KBEMS at (785) 296-7296 as this form will NOT delete existing Station locations.

Please note: When adding or modifying Locations/Stations, only ONE should be designated as Headquarters.

+ Name	Number	Street 1	Street 2	5-digit Zip Code	City	Active	Is Headquarters
<input checked="" type="checkbox"/> Kansas Board of EMS	1	900 SW Jackson, Room 1031		66612	Topeka	Yes	Yes
<input checked="" type="checkbox"/> kansas Board two	2	random road		66612	Topeka	Yes	No

Update the address or other information about the location as needed. Click "Done", when complete.

+ Name	Number	Street 1	Street 2	5-digit Zip Code	City	Active	Is Headquarters
<input checked="" type="checkbox"/> Kansas Board of EMS	1	900 SW Jackson, Room 1031		66612	Topeka	Yes	Yes
<input type="checkbox"/> kansas Board two	2	1234 random road		66612	Topeka	Yes	No

*Name:

*Number:

*Street 1:

Street 2:

*5-digit Zip Code:

*City:

*State:

*County:

Phone: - -

Primary Contact:

Fax: - -

*Active: Yes
 No

*Is Headquarters: Yes
 No

To a NEW station location click "Add Another"


Locations

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Name	Number	Street 1	Street 2	5-digit Zip Code	City	Active	Is Headquarters
<input checked="" type="checkbox"/> Kansas Board of EMS	1	900 SW Jackson, Room 1031		66612	Topeka	Yes	Yes
<input checked="" type="checkbox"/> kansas Board two	2	1234 Random Road		66612	Topeka	Yes	No



Complete the address information as needed and click "Done"

Name	Number	Street 1	Street 2	5-digit Zip Code	City	Active	Is Headquarters
<input checked="" type="checkbox"/> Kansas Board of EMS	1	900 SW Jackson, Room 1031		66612	Topeka	Yes	Yes
<input checked="" type="checkbox"/> kansas Board two	2	1234 Random Road		66612	Topeka	Yes	No
<input type="checkbox"/> Station 3	3	4567 Other Road		66612	Topeka	Yes	No

*Name:

*Number:

*Street 1:

Street 2:

*5-digit Zip Code:

*City:

*State:

*County:

Phone:

Primary Contact:

Fax:

*Active: Yes
 No

*Is Headquarters: Yes
 No

Enter your initials, user password, and then click "Submit".

▼ Acknowledgement

*Initials:

*Signature - Applicant:

Username: jkennedy

Password:

Please Click the Submit Button to update your locations.

Submit