

Ambulance Service Permit Renewal

Renewal applications are only available in the KBEMS Portal from April 1st through April 30th of each year. All ambulance services must renew their Service Permit each year. Services applications are normally only available to Service Directors, Assistant Service Directors, and those in a designated Administrative Position. To view services applications, click “Applications” and then “View all Services Applications” for your Service.

My Account JAMES KENNEDY | Logout

Applications ←

- Start
- Continue
- Checkout
- Transaction
- Review
- History

Education

Services

Lookup

Manage

Start Applications

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

Personnel Applications

KENNEDY, JAMES P (T997744)

Current Certification
EMT
Issue Date: 09/12/2021
Expiration Date: 12/31/2027

All Applications
[View All Personnel Applications](#)

Services Applications

KBEMS Test 1 (99991)
900 SW Jackson, Room 1031, Topeka, Kansas, 66612
Air Ambulance -- Issued: 03/10/2026 -- Expires: 04/30/2027

Current Certification
Air Ambulance
Issue Date: 03/10/2026
Expiration Date: 04/30/2027

All Applications
[View All Services Applications](#)

To access the “Ambulance Service Permit Renewal” Application, click “Apply Now” next to that application in the Service Applications section of the portal.

Ambulance Service Permit Renewal

Ambulance Service Permit Renewal. This application is to renew only your ambulance service permit. You will need to complete a ground and or air ambulance license application in addition. You can run both application processes at the same time, but both the service renewal and your ambulance license renewals MUST be completed for your annual renewal process.

[Apply Now](#)

275 days until application period closes

Confirm the Service address and contact information is correct by clicking Yes.

Preliminary Service Information Confirmation

Instructions
Prior to completing the Service Renewal Application, please confirm information regarding your service, service ownership, protocols and policies, locations, ambulances and personnel roster. Changes to these areas cannot be done through this form and must go through the appropriate process. All messages will identify the appropriate process to make changes, if changes are indicated as needing done.

Service Information

*Service Number:

*Name:

*Street 1:

Street 2:

*City:

*State:

*Postal Code:

*Email:

*Phone: - - Ext:

*Is the Service Information in the portal correct?

Yes No

Confirm the Service Owner information by clicking Yes:

Preliminary Service Information Confirmation

Instructions

Prior to completing the Service Renewal Application, please confirm information regarding your service, service ownership, protocols and policies, locations, ambulances and personnel roster. Changes to these areas cannot be done through this form and must go through the appropriate process. All messages will identify the appropriate process to make changes, if changes are indicated as needing done.

Service Information

*Service Number:

*Name:

*Street 1:

Street 2:

*City:

*State:

*Postal Code:

*Email:

*Phone: - - Ext:

*Is the Service Information in the portal correct?

Yes No

Confirm the Service Protocols, policies and guidelines are up to date by clicking Yes o each question:

EMS Protocols and Policies

Any changes to EMS Medical Protocols are to be submitted to the Board within 15 days of implementation of the change. Additionally, your medical protocols must be reviewed and approved no less than annually.

"Medical protocols" mean written guidelines which authorize EMS providers to perform certain medical procedures prior to contacting a qualified healthcare provider.

*EMS Medical Protocols in the system are current and the annual approval has been uploaded into the Board of EMS Licensure system?

Yes No

Each ambulance service operator shall develop and implement operational policies or guidelines, or both, that have a table of contents.

*Are your operational policies in the Portal current and accurate?

Yes No

Confirm the list of locations for your service by clicking Yes:

Locations

Below is the current list of locations for your service. This list should include a list of all station locations where ambulances may be parked or stored. This list of locations should also include the office address where all records are maintained. It may also include alternative training locations.

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

*Is this an accurate list of locations for your service?

Yes No

Confirm the list of Ambulances and Vehicles for your service by clicking Yes:

Vehicles

Services are required to maintain an accurate description of all vehicles used by the service. Below is a list of all ambulances and service vehicles currently in the License Management Portal.

Vehicle	Active	Location
<input checked="" type="checkbox"/> MadeUp06	Yes	kansas Board two
<input checked="" type="checkbox"/> AAAMadeup5	Yes	Kansas Board of EMS
<input checked="" type="checkbox"/> AAAMadeup1	Yes	Kansas Board of EMS
<input checked="" type="checkbox"/> AAAMadeup3	Yes	Kansas Board of EMS
<input checked="" type="checkbox"/> AAAMadeup2	Yes	Kansas Board of EMS
<input checked="" type="checkbox"/> AAAMadeup08	Yes	Kansas Board of EMS
<input checked="" type="checkbox"/> MUV5646DF4554	Yes	Kansas Board of EMS
<input checked="" type="checkbox"/> AAAMadeUp07	Yes	Kansas Board of EMS

*Is this list of Ambulances and Service Vehicles complete?

Yes No

Confirm that your Personnel Roster is accurate by answering Yes:

Personnel Roster

Each operator is required to notify the board of each addition or removal of a provider from the provider roster within seven days of the addition or removal. This is done by updating your personnel roster in the portal. Below is the current list of personnel associated with your service.

User	Personnel ID
<input checked="" type="checkbox"/> *SUPPORT, IMAGETREND (T991601027)	
<input checked="" type="checkbox"/> COTT, KIM (T998877)	
<input checked="" type="checkbox"/> HORNUNG MD, JOEL E (MD27632)	
<input checked="" type="checkbox"/> HOUSE, JOSEPH ANTHONY (23627)	
<input checked="" type="checkbox"/> KENNEDY, JAMES P (T997744)	
<input checked="" type="checkbox"/> SKINNER, MARY-ELAINE (55160)	
<input checked="" type="checkbox"/> SMITH, SUZETTE (991600317)	
<input checked="" type="checkbox"/> SPARROW, JACK (T99991)	
<input checked="" type="checkbox"/> TEST, ALLIED HEALTH (AH99999)	
<input checked="" type="checkbox"/> TEST, JOHN (T1234567)	

*Does this personnel roster include all persons affiliated with your ambulance service (service director, medical director, EMS providers, health care providers, drivers/pilots, etc.)?

Yes No

Acknowledge the information the application is correct by entering today's date and entering your password and click Submit:

Acknowledgement

As the appointed representative of the organization, I assure and certify that the organization understands and is in compliance with the authority and requirements of an Ambulance Service as described in Kansas statutes annotated and Kansas administrative regulation. 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.

*Today's Date:

*Your password is your signature

Username: James.Kennedy

Password:

If you answered No to any of the questions, your application will be automatically withdrawn upon submission. Make corrections and updates as needed. You will then need to apply for Renewal again.

You have completed the Preliminary application. You will now need to complete the Ambulance Service Permit Request form. Click Start:

▼ **Ambulance Service Permit Renewal**

Services: KBEMS Test 1
Status: Initiated
Number: 99991
Level(s):
Forms: 1 of 2 completed

Initiated On: Apr 30, 2026
Issue Date:
Expiration Date:
Multiple Vehicles

Forms

Form	Requested	Completed	Action
10-100B Personnel, Ambulances, Locations 26-03	Apr 30, 2026	Apr 30, 2026	View PDF
10-100 Ambulance Service Permit Request 26-03	Apr 30, 2026		Start

Review the Instructions page, then click Save and Continue:

10-100 Ambulance Service Permit Request 26-03

Instructions Service Information KEMSIS Service Financials Service Personnel Service Survey Acknowledgement

▼ **Instructions**

Completion of this application is required to gain renewal of an ambulance service permit. Remember that the payment must accompany the application to be considered a complete application. Once the form is completed and submitted, if you need to make a payment by check please submit the check via mail and include a letter regarding the reason for the payment so that it may be appropriately applied.

*** NOTE: It is recommended you complete all information in the application and save your work, but do not submit until you have printed the attached forms and acquired signatures. Once this is completed, upload the documents in the areas needed and then submit. You can wait to make your payment until you have completed all required information for each of your ambulances on the Ground or Air Ambulance License request. The system will allow you to pay for all at one time. If you have questions please call Board of EMS Issuance Staff. 785-296-7296

This application and the required information are pursuant to Kansas Statutes and Regulations.

Incorrect/incomplete information or failing to submit a payment will result in a delay in issuing the service permit. **This must be completed before April 30th.**

Save and Continue

Review and update Service Type/Lines of Service/Organization. Click Save and Continue.

10-100 Ambulance Service Permit Request 26-03

- Instructions
- Service Information**
- KEMESIS
- Service Financials
- Service Personnel
- Service Survey
- Acknowledgement

▼ Service Type / Lines of Service / Organization

*Permit Type

- Ground Ambulance
- Air Ambulance

The questions below are required for the service renewal application. Please select yes or no as the service lines you provide to your community. Selecting yes does not mandate you will provide the service 100% of the time, it is simply that you can and do provide these service lines. For clarification specific to Mobile Integrated Health / Community Paramedic, this is for a specific dedicated program designed to reduce risk, improve health, and/or to address a gap in healthcare. This would not include items like a lift assist to residents unless a fall risk assessment is performed. Again, select yes or no for each items in this section.

*911/Scene Response (with transport capabilities)

Yes

*911/Scene Response (without Transport Capabilities)

Yes

*ALS Intercept

Yes

*Critical Care (Ground)

Yes

*Event Standby

Yes

*Interfacility Transfers (Hospital to Hospital)

Yes

*Medical Transport (Convalescent, Hospital to Nursing Home, Hospital to Home, et.)

Yes

*Mobile Integrated Health / Community Paramedicine (Specific designated program)

No

*Non-emergent Medical Transportation

Yes

*Public Education (CPR, Stop-the-Bleed, Fall Risk Assessment, Injury Prevention, etc.)

Yes

*Rescue

No

*Tactical EMS

No

*Service Name

KBEMS Test 1

*Service Number

99991

*City

Topeka

*Dispatch Center: Location and physical description of facility where calls for service will be received

132 Main Street 911 call center

Save and Continue

Answer all questions regarding KEMSIS and the service Owner:

10-100 Ambulance Service Permit Request 26-03

Instructions

Service Information

KEMSIS

Service Financials

Service Personnel

Service Survey

Acknowledgement

▼ Requests for Service

Each operator of an ambulance service is required to maintain a daily record of each request for ambulance response. This includes any requests for which the ambulance service ultimately turns down initiating a response (Example: hospital requesting a transfer and service chose to not perform/accept).

***Have all requests for service for the previous calendar year been entered into the Board's data collection system (KEMSIS)?**

Yes

No

If you answer No to the above question, you will receive this notification:

Each operator is required to submit all requests for service into KEMSIS. This includes those requests which are turned down. Contact the Compliance Section immediately as failure to have all requests in for the previous calendar year means your application is considered insufficient. You will need to submit a plan for coming into compliance with this requirement prior to your application being considered sufficient.

Answer the owner/operator question:

***Does the owner of the service also operate the service?**

Yes No

If the answer to above question is No, you will be asked to complete the operator information section:

Operator Name

Operator Address 1:

Operator Address 2:

Operator City:

Operator State:

Operator Postal
Code:

Operator Phone
Number:

Operator Email
address:

If the ambulance service is owned by a corporation, answer yes to this question.:

*Is the ambulance service owned by a corporation?

Yes No

If the service is owned by a corporation, you will be asked to complete an ownership information form and upload it to the system:

On the form provided, please complete the requested information regarding Corporation information here in the application, as it is a fillable pdf. The form must be printed for a signature from a corporate officer. You may save it as a document on your computer and upload it in the area provided below. The document type will be indicated as "Supporting Documentation".

Corporate Information upload

Click [Corporate Information](#) to complete the required form. After you are completed with the form, make sure that once you have uploaded the form [click add](#) prior to save and continue.

Corporate Information

Name

Document Type

Click Save and Continue:

Next, Update the Service Financials page:

0-100 Ambulance Service Permit Request 26-03

Instructions Service Information KEMISIS **Service Financials** Service Personnel Service Survey Acknowledgement

✓ **Service Revenue / Expense**

- **Provide the following for your service or agency.**
- **Answers are to be completed in a dollar format 0000.00 (do not use "\$" or ",")**
- **Please do not use commas or you will encounter validation errors.**

The following emergency medical service information is required pursuant to Kansas Regulations.

**Note: Emergency medical service information is confidential and shall not be disclosed or made public, upon subpoena or otherwise. Exception: Aggregated information may be disclosed if no entity can be identified and disclosure is for statistical purposes.

The operator shall provide the following emergency medical service information to the board:

(A) The gross receipts received by the ambulance service during the previous calendar year from the provision of patient care;

(B) the ambulance service operating budget and, if any, the tax subsidy;

(C) the charge for emergency and nonemergency patient transports, including mileage fees.

*What was the service's tax subsidy for the previous year?

\$0,000.00

*What was the previous years revenue (user fees) collected?

0.000

Previous years revenue include Medicare, Medicaid, third party insurance or private payments. This does not include donations or tax subsidies

*Other revenue collected (i.e. Capital equip., gifts, endowments etc.)

651648.00

*What were the total expenditures for the previous year?

1646848.00

Note: Fire Departments, this is only in regards to your EMS budget.

What are your current charges for the following: The following information is to be represented in dollar amounts. If there is no charge it will be represented by 0.00

*BLS Non-Emergency

0.00

*BLS Emergency

12.00

*BLS Mileage Charge

1.22

*ALS, Level 1 Non-Emergency

0.5458

*ALS, Level 1 Emergency

1.00

*ALS Mileage Charge

2.00

*ALS, Level 2

321.00

*Specialty Care Transport

31513.00

*Mileage rates are based upon:

Patient Loaded

*Does your service charge for supplies?

YES

Complete the Service Personnel Page, click Save and Continue:

10-100 Ambulance Service Permit Request 26-03

- Instructions
- Service Information
- KEMSIS
- Service Financials
- Service Personnel**
- Service Survey
- Acknowledgement

Service Personnel

Your personnel roster contains numerous individuals who have an affiliation with your service (EMS providers, instructors, service staff, drivers/pilots, etc.).

For the full-time, part-time, and volunteer counts below, please include only individuals who could be participating in, or responding to, a call for your service.

When indicating Volunteer, remember Volunteers receive no compensation, only reimbursement for expenses.

*Total Full time personnel

*Total Part time personnel

*Total Volunteer personnel

*How many individuals do you have in your service participating solely as a driver or pilot?

*How many Allied Health personnel do you have in your service that are not EMS certified?

Are all of your services Allied Health Personnel registered with the Kansas Board of EMS?

Yes No

All Allied Health Personnel must have an account in the Board of EMS Licensure Portal. All new Allied Health Personnel must submit an Allied Health Personnel Application. Any Allied Health Personnel with a expiration date prior to the current date should submit an Allied Health License Update application.

Save and Continue

NOTE: If you answer NO to the Allied Health Personnel question, instructions regarding registration of those personnel.

Complete the Service Survey Section. If you answer YES to any of the questions, Answer additional questions as required. Click Save and Continue when complete:

10-100 Ambulance Service Permit Request 26-03

Instructions

Service Information

KEMSIS

Service Financials

Service Personnel

Service Survey

Acknowledgement

Service Survey

*Does your service carry controlled substances?

Yes No

*Does your service hold its own DEA Registration (not under your medical director or hospital)?

Yes No

*Enter your DEA Registration Number

*Please briefly describe the security controls your service utilizes in the ambulances for proper storage of controlled substances.

*Do you stock controlled substances within your agency or station?

Yes No

*Please briefly describe the security controls you utilize in your station.

*Have you had any thefts or diversions of controlled substances from your service in the previous 12 months?

Yes No

*Did you report all thefts or diversions to all applicable parties (Board of EMS, Board of Pharmacy, and DEA)?

Yes No

*Were any of your Service's ambulances involved in any MVC's in the past 12 months?

Yes No

*Was the MVC Injury?

Yes No

*Was the MVC Fatality?

Yes No

*****Below involves Non-injury incidents only.**

*How many non-injury motor vehicle collisions were your ambulances involved in last year?

What was the total cost for vehicle repair?

*****Below involves Injury and Fatality incidents only.**

*How many injury / fatality motor vehicle collisions were your ambulances involved in last year?

*Number of Care Providers injured?

*Number of Patients injured?

*Number of Care Provider fatalities?

*Number of Patient fatalities?

Number of estimated or actual days off from work for the recovery of the Care Provider(s)?

What was the total cost for vehicle repair/ replacement?

Number of individuals (not care providers or patient) in the ambulance at the time of the incident?

Number of individuals, not in the ambulance, at the time of the incident that were involved?

Review the statement and confirm by entering Today's date and your password as an electronic signature.

Click "Submit" to complete the application.


Instructions Owner Operator Service Information Service Personnel Service Survey EMS Protocol/Policies Approval **Acknowledgement**

▼ Acknowledgement

As the appointed representative of the organization, I assure and certify that the organization understands and is in compliance with the authority and requirements of an Ambulance Service as described in Kansas statutes annotated and Kansas administrative regulation. 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.

Enter the User Name and password of the Authorized Agent completing the form in the box below acknowledging the statement above.

***Today's Date**

 Today

Username: James.Kennedy

Password:

Submit