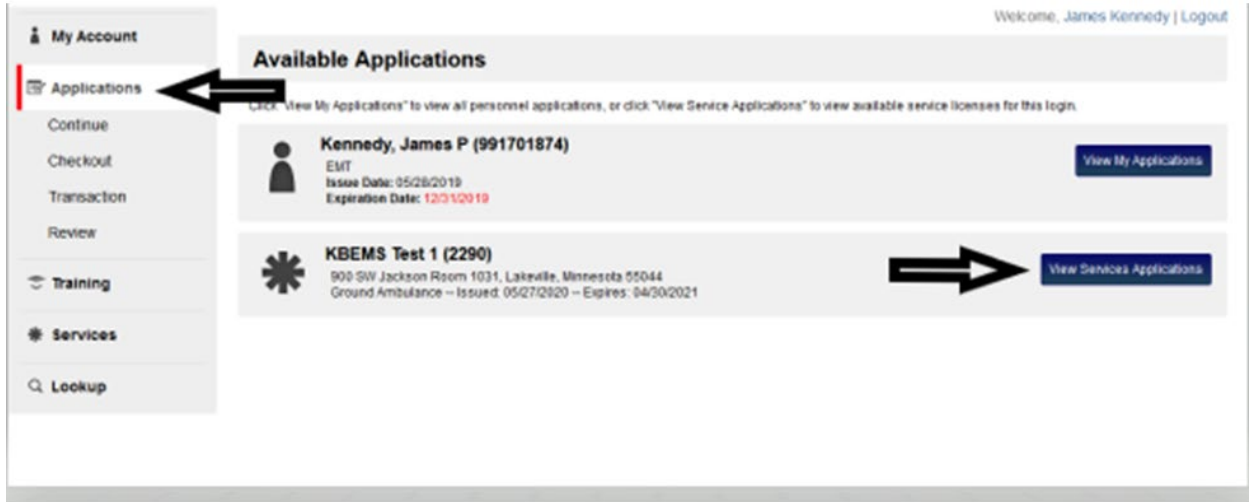


Service Investigations Self Report

Select Applications from the sidebar, then select “View Services Applications”:



Select Apply Now next to “Service Investigations Self Report” in the list of Applications:

Ground Ambulance -- Issued: 02/12/2021 -- Expires: 04/30/2022

Applications	Action
Sponsoring Organization Application 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

Select the reason for this report. If "Other reason for reporting" is selected, complete a brief description. Provide the date of the incident then click "Save and Continue":

Investigations Self Report - 1 of 3 Reporting Party - 2 of 3 Reporting incident information - 3 of 3

▼ Section 1

Kansas Administrative Regulation 109-2-5 (r)(4) states:
Within 60 days after completion of the internal review processes of an incident, each operator shall report to the board on forms approved by the board any incident indicating that an attendant or other health care provider functioning for the operator met either of the following conditions:
A) Acted below the applicable standard of care and, because of this action, had a reasonable probability of causing injury to a patient; or
B) Acted in a manner that could be grounds for disciplinary action by the board or other applicable licensing agency.

*****If you have questions, please contact the Kansas Board of EMS Investigator Mark Grayson at mark.grayson@ks.gov or 785-296-5168

Please indicate below the reasons for reporting:

***Acted below the applicable standard of care and because of this action had a reasonable probability of causing injury to a patient**
 YES NO

***Acted in a manner which may be grounds for disciplinary action by the board or appropriate other applicable licensing agency.**
 YES NO

***Other reason for reporting.**
 YES NO

If you answered "YES" to other reason please give a brief description in the space provided below. You will be asked to give further details below on this form.

This is a brief description of an incident that caused me to file this report

***Date of Incident**
 Today

Complete the Reporting Party Information then Click "Save and Continue":

Investigations Self Report - 1 of 3 Reporting Party - 2 of 3 Reporting incident information - 3 of 3

▼ Reporting party information

*First Name
Somebody

*Last Name
Important

Email
notreal@gmail.com

*Address
123456 NOWHERE WAY

City
Topeka

State
Kansas

Postal Code
66606

Cell Phone
785 444 4567

Work Phone
785 789 0123

Home Phone

*Are you a member of the EMS organization making the report.
 YES NO


What is your license number
123456

Organization making the report
KBEMS Test 1

Complete the "Reporting incident information" page. Upload any supporting documentation. Enter your initials. Under your username, enter your password. Click Submit.

Investigations Self Report - 1 of 3 Reporting Party - 2 of 3 Reporting incident information - 3 of 3

▼ Service and Attendant information

Date internal review completed
2/16/2021  Today

*Ambulance service
KBEMS Test 1

Attendant 1

Attendant 1 name. Please supply the Last, First and Middle name.
Someone Else

Attendant 1 level of certification
EMT

Attendant 1 certification number
99246

Attendant 2

Name of attendant 2. Please supply the Last, First and Middle name.
The Other One

Attendant 2 level of certification
EMT

Attendant 2 certification number
99645

Attendant 3

Attendant 3 name. Please supply the Last, First and Middle name.


Attendant 3 level of certification

Attendant 3 certification number

*Description of the incident. Please include specific violations of statute or regulation.
Very detailed instruction as to what happened and why it is being reported, including statute and/or regulation being violated.

Please upload any and all supporting documents related to the incident.


File


 Upload File

Name
Important Documentation

Description

Document Type
Supporting Documents

 Remove

 Add Another

*I declare under the penalty of perjury under the laws of the State of Kansas that the information provided in this submission are true and correct to the best of my knowledge. Place your initials below.

Username: jkennedy

Password: