Sponsoring Organization Update Application

Please review the requirements of this application below before starting the application. NOTE: If there has been a change in the Program Manager for a Sponsoring Organization, the new Program Manager must submit a Sponsoring Organization Update application, even if there are no other changes to course offerings, personnel, or documentation.

All entities offering EMS continuing and initial education courses must be an approved sponsoring organization. This application is to be completed by the Program Manager, who will serve as the liaison to the Board concerning EMS education. Use this application to update course offerings, supporting documentation, training locations, and/or educational staff.

If there are changes to the supporting documentation for the types of courses your organization offers, be prepared to upload those documents as part of this application. This may include a List of Training Equipment and Supplies OR Training Equipment Sharing Agreement(s), an Education Quality Management Plan, Initial Course of Instruction Policies, and/or a Continuing Education Training Program Management Plan.

You will be given the option to add/change training locations for your organization. Your organization must "designate an office address where all training program records shall be maintained". If your training program records will be stored at a different location than the primary address for the service, please add that location here with a name of "Training Program Records Storage". For Ambulance Services, all ambulance station locations will be designated as training locations (you do not need to add or change these locations). If you have other PERMANENT training locations, please add them. For other types of organizations offering educational courses, please enter your PERMANENT Training Locations in this application. For temporary/one-time use locations, each service/organization will have an "Other Training Location" available for use when creating new courses. DO NOT add that location in this application.

If there are changes to your Instructional Staff, Lab Instructors, or Medical Director you may update those assignments in this application.   Al Instructional Staff, Lab Instructors and the Medical Director must have accounts in the KBEMS License Management Portal and be listed on your [Personnel Roster](#). If your Medical Director has changed, you will be required to upload a [Medical Director Appointment Form](#) (a link to this form is available in the application). NOTE: If your Medical Director has NOT changed, there is no need to upload this form.

The "Sponsoring Organization UPDATE Application" is available through the KBEMS License Management System Portal: https://www.kemsis.org/lms/public/portal#/login.

NOTE: During the Sponsoring Organization Renewal Period, this application will not appear as an option in the services application list. If your organization has additional updates following issuance of your annual renewal but prior to April 30th, you may request board staff make this application available to the Program Manager through Applications-Continue.

After signing in, access the service applications by clicking on "Applications" and the "View Services Applications" next to the service for which you wish to apply for Sponsoring Organization Status.

Click "Apply Now" next to the "Sponsoring Organization UPDATE Application"

Review the instructions for the application, then click "Save and Continue":

Complete the Organization Information page. The address is the primary address for your organization. If this is an ambulance service, DO NOT change that information with this form. Most organizations will maintain educational records on site at their primary location. The types of education courses the organization offers are indicated by checkmarks next to the course types. If the types of course you will be offering have changed check or remove the check mark next to those course types as needed. Most organizations store the records associated with their educational program at their primary education. If your records will be stored in a different location, you should indicate that here. If there are changes to the locations where courses will be taught, there has been a change to your Medical Director that has not yet been reported to the Board of EMS, or you have changes to your educational staff please indicate that here. Click Save and Continue.

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˅ Organization information

*Sponsoring Organization Name

KBEMS Test 1

*Street 1

900 SW Jackson

Street 2

Room 1031

*Zip Code (Entering a Valid 5 digit Zip Code will complete the City, County and State)

66612   ☑ Lookup

*City

Topeka

*County

Shawnee

*State

Kansas   ˅

*Phone

785 - 296 - 6209

Fax

___ - ___ - ___

Email

james.kennedy@ks.gov

Organization Type

Governmental, Non-Fire   ˅

Organization Status

Combination   ˅

*What type of education courses will your organization provide (update if needed)?
☑Initial Course of Instruction - EMR ☑Initial Course of Instruction - EMT ☑Initial Course of Instruction - AEMT ☑Initial Course of Instruction - Paramedic
☑Continuing Education - Long Term Program Provider ☑Continuing Education - Single Course Request

*Is the above address the location where all Training Program Records will be maintained?
○ Yes ◉ No

*Have there been any changes to your training or records maintenance locations?
○ Yes ◉ No

*Has your Medical Director Changed but not yet been updated with the Board of EMS?
○ Yes ◉ No

*Have there been any educational staffing changes not previously reported to the Board of EMS?
○ Yes ◉ No

⊡ Save and Continue

If your Sponsoring Organization has changes to the List of Training Equipment or Equipment Sharing Agreement, click "Yes". Otherwise click No. If "Yes", you will be prompted to upload your List of Training Equipment and Supplies and Equipment Sharing Agreements. You may upload as many supporting documents as needed.

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▼ Initial Courses

*Have their been changes to your List of Training Equipment or Equipment Sharing Agreement?

◉ Yes ○ No

*Please upload List of Training Equipment and Supplies or Copy of each equipment-sharing agreement

⊕ Upload File

*Name

Training Equipment

Document Type

Supporting Documents ⌄

If your Sponsoring organization offers Initial Courses of Instruction, you will be asked if there have been changes to your Initial Course Quality Management Plan and if there have been changes to your Initial course of Instruction Course Policies. In each case, indicate "Yes" if there have been Changes. Indicate "No", if there have not. If "Yes" you will be prompted to upload updated versions of these documements:

*Changes to your Initial Course Quality Management Plan?

◉ Yes ○ No

*Initial Course Quality Management Plan

⊕ Upload File

*Name

Quality Mangement Plan

Document Type

Supporting Documents ⌄

*Have there been Changes to your Inital Course of Instruction Course Policies?

◉ Yes ○ No

*Initial Course of Instruction Course Policies

⊕ Upload File

*Name

Initial Course of Instruction Course Policies

Document Type

Supporting Documents ⌄

If your Sponsoring Organization offers Continuing Education Courses as a Long Term Provider, you will be asked if there have been changes to your Continuing Education Training Program Management Program and if there are changes to your Continuing Education Training Management Plan. Indicate "Yes", if there are changes. Indicate "No", if there are not. If you indicate "Yes", you will be prompted to upload the updated documentation.

❯ Continuing Education - Long Term Program Provider

*Have there been changes your Continuing Education Training Program Management Plan?

◉ Yes ○ No

*Continuing Education Training Management Plan

⊕ Upload File

*Name

Continuing Education Training Management Plan

Document Type

Supporting Documents ⌄

*Have there been changes to your Continuing Education Quality Management Plan?

◉ Yes ○ No

*CE Quality Management Plan

⊕ Upload File

*Name

CE Quality Management

Document Type

Supporting Documents ⌄

If your Sponsoring Organization offers Single Courses in Continuing Education, you will receive this reminder:

❯ Continuing Education - Single Course

Single Course CE, which provides course educational objectives that are oriented towards the enhancement of EMS practice, value, skills, and knowledge, must be requested at least 30 days prior to the course date . Any request less that 30 days will be denied.

At the end of this section, click "Save and Continue"

⊕ Save and Continue   ⟵

If you indicated that your training records will be stored at a different address than the primary location for your organization OR that you have changes to your Training Locations, you may add or change location information here. To change information for a location click the box next to "Location Name". To add additional locations, click "Add Another".

Enter the location information as needed. Click "Done" for each location added or changed. When all addition/change is complete, click "Save and Continue":

I you indicated that your organization has changes to Educational Staff and/or Medical Director, you can change those assignments in the Staffing Information section. To update/change the role for a member of your roster, click the box next to their name. NOTE: This form CANNOT be used to add or remove personnel from your roster, that should be done through the portal roster maintenance function.

Click the box next each staff position held by the provider. You may also remove staff position assignments by removing the checkmark. Click "Done" with changes to a provider. Repeat as needed.

If you indicated that there has been a change to the Medical Director for your Sponsoring Organization that has not been previously reported to the board, make sure to indicate that change in the Staff Assignment section. You will be prompted to upload a completed Medical Director Assignment Form.

When done with all staffing changes, click "Save and Continue".

Please read and acknowledge the submission statement by entering your initials, today's date, and your electronic signature. Your user name and password serve as your signature. When done, click "Submit".

❤ Signature

Do not click "Submit" prior to entering your initials and password below. Doing such may result in an error and an inability to process your application. Thank you!

As appointed Program Manager for this Sponsoring Organization, I assure and certify that the organization understands its responsibilities and will comply with the requirements of a sponsoring organization 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 is true and correct.

Below serves as the Program Manager Electronic Signature

*Program Manager Initials

*Today's Date

| mm/dd/yyyy | 📅 | Today |

*Program Manager Signature

| Username: | jkennedy |
| Password: | |

☑ Submit ⟵