

## Sponsoring Organization Application

All entities desiring to offer EMS continuing and initial education courses must be an approved sponsoring organization. Prior to completing this application, the entity should designate three administrative positions: Service Director, Program Manager, and Medical Director. Each of these must have an account in the KBEMS Licensing Portal. In order to be designated Service Director an authorizing letter from an authorized agent for the entity may be required. The Program Manager will serve as the liaison to the board concerning continuing education training and may be designated by the Service Director (they can be the same person). The Medical Director will provide medical direction through the review, approval and monitoring of education provided by the sponsoring organization pursuant to KAR 109-5-3, KAR 109-5-5, KAR 109-5-6, and KAR 109-11-1a. In order to be designated Medical Director, a Medical Director Appointment form must be submitted.

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.

This application has three parts. The first is to be completed by the Service Director. The Second by the Program Manager and the Third by the Medical Director.

The application is available through the KBEMS Licensure portal: <https://www.kemsis.org/lms/public/portal#/login>

After signing in, access the service applications by clicking on “Applications” and the “View Services Applications”.

My Account  
Applications  
Continue  
Checkout  
Transaction  
Review  
Training  
Services  
Lookup

Welcome, James Kennedy | Logout

### Available Applications

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

**Kennedy, James P (991701874)**  
EMT  
Issue Date: 05/28/2019  
Expiration Date: 12/31/2019 [View My Applications](#)

**KBEMS Test 1 (2290)**  
900 SW Jackson Room 1031, Lakeville, Minnesota 55044  
Ground Ambulance – Issued: 05/27/2020 – Expires: 04/30/2021 [View Services Applications](#)

Click “Apply Now” next to the “Sponsoring Organization Application”:

Applications	Action
<b>Sponsoring Organization Application</b> 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.	<a href="#">Apply Now</a>

Click "Save and Continue" on the first Tab of the application:


Request for Sponsoring Organization Status - 1 of 2    Organization Information - 2 of 2

**Header**

This is Part 1 (One) of the three-part application for Sponsoring Organization. Part 1 of the application must be completed by the appointed "Service Director" for the Sponsoring Organization making the request. Completion by an individual other than the Service Director will result in denial of the application.

Complete Part 1 of the application in its entirety. Following submission, notification will appear in the Public Portal of the Program Manager for them to complete Part 2.

Future changes in Service Director, Program Manager, or Medical Director, will require submission of a new application.

 **Save and Continue**

### Complete the Organization Information

02-110 SPONSORING ORGANIZATION Application 1 (Service Director)

Request for Sponsoring Organization Status - 1 of 2    Organization Information - 2 of 2

**Organization information**

\*Sponsoring Organization Name  
KBEIMS Test 1


Sponsoring Organization ID Number  
99991

\*Sponsoring Organization Director  
James Kennedy

Director E-mail Address  
james.kennedy@ks.gov

Organization Type  
Governmental, Non-Fire

Organization Status  
Combination

Postal Code  
66612     **Lookup**

Street 1  
900 SW Jackson

Street 2  
Room 1031

City  
Topeka

County  
Shawnee

State  
Kansas

Phone  
785 - 296 - 6209

Fax  
785 - 296 - 6212

Complete the Program Manager section and click the box for each type of education courses your organization will provide. If the Medical Director for you Sponsoring Organization has changed, you may upload the Medical Director assignment Form here as well (the form upload only appears if you designate the Medical Director has changed).

Program Manager Information

\*Program manager First name

\*Program manager Last name

\*Program manager attendant certification number or administrative assistant number issued by the board

\*Program Manager Email

\*What type of education courses will your organization provide?  
 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

Medical Director

Please download [Medical Director Form](#) and upload the completed form. If your Medical Director has not changed and this form has been submitted, please select the box below.

The Medical Director is unchanged and the form has been previously submitted

Yes  
 No

\*You have indicated the Medical Director form is not current or has not been submitted previously to our office. Please upload the Medical Director form here.

\*Name

Enter you initials and password to acknowledge the statement. Click Submit.

Acknowledgement

**\*\*\*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 "Service Director" of this 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 Regulations. 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 to the best of my knowledge.

\*Service Director, please enter your initials in the box provided that you acknowledge the above statement.

Below serves as the electronic signature of the Service Director

Username: jkennedy

Password:

The second part of the application is to be completed by the Program Manager. Once signed into the portal the Program Manager should click “Applications”, “Continue”, and then Click “Start” next to “02-111 SPONSORING ORGANIZATION Application 2 (Program Manager)”

welcome, JAMES KENNEDY | Logout

**My Account**

- Applications
- Continue 1
- Checkout
- Transaction
- Review 1

**Training**

**Services**

Lookup

### Continue My Applications

Incomplete applications are listed below. Click **Continue** to complete the desired application or the *PDF* icon to view a completed form. Click the arrow in the grey header bar to expand or collapse the list of forms associated with that license. Use the search box to narrow the list of licenses displayed. To view all licenses again, click **Clear**.

Q CLEAR

**▼ Sponsoring Organization Application - (KBEMS Test 1)**

Status: Initiated	Initiated On: Jul 30, 2020
Number: KS-991	Issue Date:
Level(s): Continuing Education - Long Term Program Provider	Expiration Date:
Forms: 1 of 2 completed	

Sponsoring Organization			
Form	Requested	Completed	Action
02-110 SPONSORING ORGANIZATION Application 1 (Service Director)	Jul 30, 2020	Jul 30, 2020	View PDF
Additional Forms			
Form	Requested	Completed	Action
02-111 SPONSORING ORGANIZATION Application 2 (Program Manager)	Jul 30, 2020		<input checked="" type="checkbox"/> Start

Records 1-1 of 1 [First](#) [Previous](#) [Next](#) [Last](#) Page 1  Per Page 10

Click “Save and Continue” on the First Tab:

**02-111 SPONSORING ORGANIZATION Application 2 (Program Manager)**

Request for Sponsoring Organization Status - 1 of 2

Education Offerings - 2 of 2

**▼ Header**

This is Part 2 (Two) of the three-part application for Sponsoring Organization. Part 2 of the application must be completed by the appointed "Program Manager" for the Sponsoring Organization making the request. Completion by an individual other than the Program Manager will result in denial of the application.

Complete Part 2 of the application in its entirety. Following submission, notification will appear in the Public Portal of the Medical Director for them to complete Part 3 of the application.

Future changes in Service Director, Program Manager, or Medical Director, will require submission of a new application.

If your organization will be offering Initial Courses of instruction, Click "YES" and click the box to all applicable course types. Otherwise Click "NO".

## 02-111 SPONSORING ORGANIZATION Application 2 (Program Manager)

Request for Sponsoring Organization Status - 1 of 2

Education Offerings - 2 of 2

### Initial Courses of Instruction

\*Does the sponsoring organization offer initial courses of instruction?

YES  NO

If "YES" please indicate which initial courses the Sponsoring Organization will offer

Emergency Medical Responder (EMR)

Emergency Medical Technician (EMT)

Advanced Emergency Medical Technician (AEMT)

Paramedic

Instructor Coordinator

Initial course applications must be submitted at least 30 days prior to first course date. All initial course applications must be initiated by the Sponsoring Organization.

\*\*\*Sponsoring Organizations are required to maintain initial course records for three (3) years pursuant to K.A.R. 109-11-1a, K.A.R. 109-11-3a, K.A.R. 109-11-4a and K.A.R. 109-11-6a.\*\*\*

If your organization will be offering Continuing Education Courses, Click "YES" in the Continuing Education Section. Otherwise, Click "NO". Enter your initials and password to acknowledge your responsibilities as Program Manager, then Click Submit.

### Continuing Education

\*Does the sponsoring organization offer continuing education?

YES  NO

"Single Program Course" and "Long Term Program Provider" applications must be initiated by the Sponsoring Organization and submitted to KBEMS at least 30 days prior to the date of first class.

### Section 3: Acknowledgement

\*\*\*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 to the best of my knowledge.

\*Please enter your initials in the box provided that you acknowledge the above statement.

jk

Username: jkennedy

Password: .....

Submit

The third part of the Sponsoring Organization Application is to be completed by the Medical Director.

Click “Applications”, “Continue” and then “Start” next to form “02-112 SPONSORING ORGANIZATION Application 3 (Medical Director).

Welcome, JAMES KENNEDY | Logout

### Continue My Applications

Incomplete applications are listed below. Click *Continue* to complete the desired application or the PDF icon to view a completed form. Click the arrow in the grey header bar to expand or collapse the list of forms associated with that license. Use the search box to narrow the list of licenses displayed. To view all licenses again, click *Clear*.

Search:

▼ Sponsoring Organization Application - (KBEMS Test 1)

Status: Initiated  
Number: KS-991  
Level(s): Continuing Education - Long Term Program Provider  
Forms: 2 of 3 completed

Initiated On: Jul 30, 2020  
Issue Date:  
Expiration Date:

Sponsoring Organization			
Form	Requested	Completed	Action
02-110 SPONSORING ORGANIZATION Application 1 (Service Director)	Jul 30, 2020	Jul 30, 2020	View PDF
Additional Forms			
Form	Requested	Completed	Action
02-112 SPONSORING ORGANIZATION Application 3 (Medical Director)	Jul 30, 2020		<input checked="" type="button" value="Start"/>
02-111 SPONSORING ORGANIZATION Application 2 (Program Manager)	Jul 30, 2020	Jul 30, 2020	View PDF

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Click “Save and Continue” on the first tab.

### 02-112 SPONSORING ORGANIZATION Application 3 (Medical Director)

Request for Sponsoring Organization Status - 1 of 2 | Medical Director - 2 of 2

#### ▼ Header

This is Part 3 (Three) of the three-part application for Sponsoring Organization. Part 3 of the application must be completed by the appointed Medical Director for Sponsoring Organization making the request. Completion by an individual other than the Medical Director will result in denial of the application.  
Future changes in Service Director, Program Manager, or Medical Director, will require submission of a new application.

Enter you Name, License Number and Area of Specialty. To acknowledge the statement, enter your Initials and Password. Click submit.

## 02-112 SPONSORING ORGANIZATION Application 3 (Medical Director)

Request for Sponsoring Organization Status - 1 of 2

Medical Director - 2 of 2

### Medical Director Information

\*Medical Director Name

Doctor Name

\*Medical Director License Number

123456

Medical Director Area of Specialty

Emergency med

**\*\*\*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 Medical Director responsible for oversight of education offerings, I will review, approve and monitor education provided by the Sponsoring Organization pursuant KAR 109-5-3, KAR 109-5-5, KAR 109-5-6 and KAR 109-11-1a. I have read and do hereby affirm that I understand and will abide by all requirement contained therein. My signature below indicates that I have read the regulations noted above and understand my responsibility as Medical Director for Education. I am a physician licensed to practice medicine in Kansas.

Should I desire to relinquish my role as Medical Director, I will notify the Kansas Board of Emergency Medical Services (KBEMS) and the Sponsoring Organization in writing, not less than ten (10) calendar days prior to such termination.

I the undersigned, as appointed Medical Director for the Sponsoring Organization, assure and certify that the sponsoring organization understands its responsibilities and will comply with the requirements of a Sponsoring Organization as described in Kansas Statutes Annotated and Kansas Administrative Regulations.

I declare under the penalty of perjury under the laws of the State of Kansas that the information provided in this Part 3 of the Sponsoring Organization application is true and correct.

\*Please enter your initials in the box below affirming that you have read and understand the above statement.

Below serves as the electronic signature of the Medical Director

Username: jkennedy

Password:

Submit

