

NEW Sponsoring Organization for Initial and Continuing Education Application

Please review the requirements of this application below before starting the application.

All entities desiring to offer EMS continuing and initial education courses must be an approved sponsoring organization by the Kansas Board of EMS. Prior to starting this application, a Program Manager who will serve as the liaison to the Board concerning education should be appointed. All Program Managers must have an account in the KBEMS License Management System. This application is to be completed by the Program Manager.

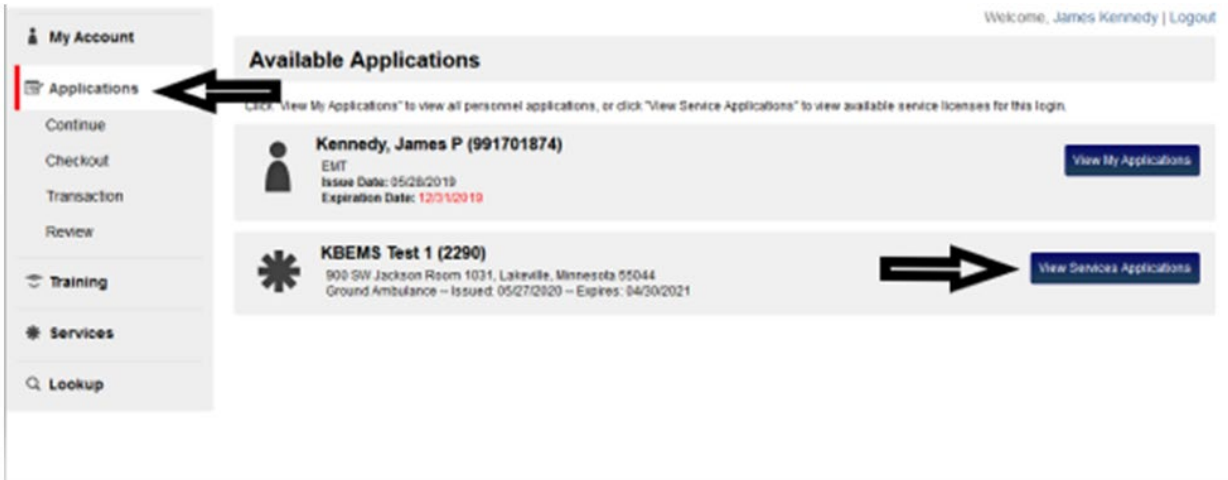
Be prepared to upload supporting documentation for the types of courses your organization is applying to teach. This may include a List of Training Equipment and Supplies OR Training Equipment Sharing Agreement(s), an Education Quality Management Plan, Initial Course of Instruction Policies, and/or a Continuing Education Training Program Management Plan.

You will be given the option to add 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.

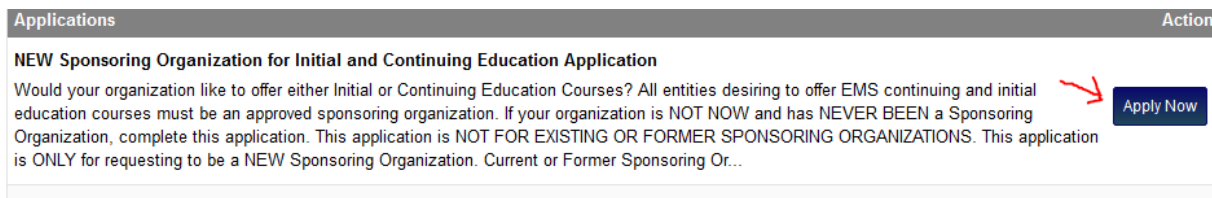
You should be prepared to designate Instructional Staff, a physician who will serve as Medical Director for your Education/Training Program, as well as optional Lab Instructors. All Instructional Staff, Lab Instructors and the Medical Director must have accounts in the KBEMS License Management Portal and be listed on your [Personnel Roster](#). If your Medical Director has not already been appointed, you will be required to upload a [Medical Director Appointment Form](#) (a link to this form is available in the application). NOTE: For Ambulance Services, the Medical Director for the Educational Program is typically the same physician responsible for advising the ambulance service on policies and procedures.

The "NEW Sponsoring Organization for Initial and Continuing Education Application" is available through the KBEMS License Management System Portal: <https://www.kemsis.org/lms/public/portal#/login>

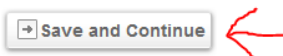
After signing in, access the service applications by clicking on “Applications” and the “View Services Applications” next to the service for which you wish to apply for Sponsoring Organization Status.



Click “Apply Now” next to the “NEW Sponsoring Organization for Initial and Continuing Education 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. If you will be maintaining records at a different location, please indicate by checking the NO box. Checkmark the types of courses your organization would like to teach. Click Save and Continue.

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Request for Sponsoring Organization Status - 1 of 6 Organization Information - 2 of 6 Required Training Documentation - 3 of 6 Loc: > ▾

Organization information

Below is the address information for your service/organization. If your organization is an Ambulance Service, DO NOT change your service address using this form.

*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

Organization Status

Combination

Organization Type

Governmental, Non-Fire

Phone

785

296

6209

Fax

*Program Manager Email

james.kennedy@ks.gov

*Is the above address the location where all Training Program Records will be maintained?

Yes No

*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

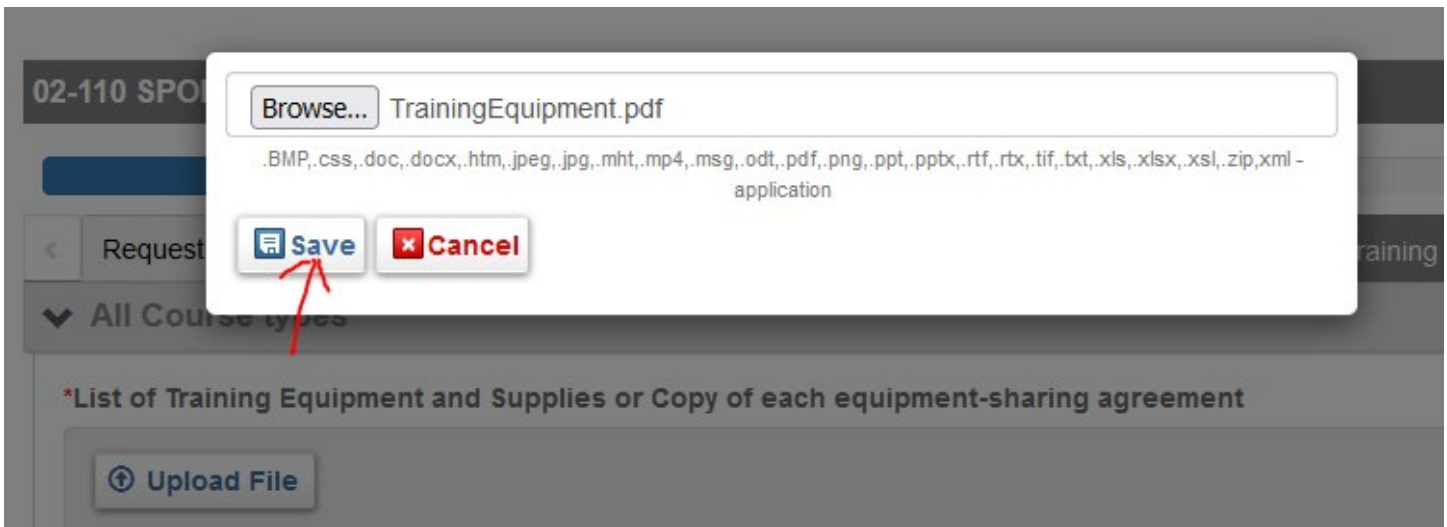


All Sponsoring Organizations must provide a List of Training Equipment and Supplies or Equipment Sharing Agreement(s). Click “Upload File” to browse to a location on your computer (or network) where this document (or documents) are located.

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The screenshot shows a web application interface with three tabs: "Request for Sponsoring Organization Status - 1 of 6", "Organization Information - 2 of 6", and "Required Training Documentation - 3 of 6". The "Required Training Documentation" tab is active. Below the tabs, there is a section titled "All Course types" with a dropdown arrow. Underneath, a heading reads "*List of Training Equipment and Supplies or Copy of each equipment-sharing agreement". A button labeled "Upload File" with a plus icon is highlighted with a red arrow. Below this are two input fields: "*Name" containing "Training Equipment" and "*Description" containing "Training Equipment and Supplies". At the bottom, a "Document Type" dropdown menu is set to "Supporting Documents".

Once you browse to the document, click on it and then click “Save”.



If you indicated that you will be offering Initial Courses of Instruction you will be prompted to upload an Initial Course Quality Management Plan and Initial Course of Instruction Course Policies. As with other uploads, click “Upload File” to navigate to the file location and then click “Save” once you have clicked on the appropriate document.

Initial Courses

*Initial Course Quality Management Plan

Upload File

*Name
Initial Course Quality Management Plan

Document Type
Supporting Documents

*Initial Course of Instruction Course Policies

Upload File

*Name
Initial Course of Instruction Course Policies

Document Type
Supporting Documents

Browse... QualityMgmt.pdf

.BMP,.css,.doc,.docx,.htm,.jpeg,.jpg,.mht,.mp4,.msg,.odt,.pdf,.png,.ppt,.pptx,.rtf,.rtx,.tif,.txt,.xls,.xlsx,.xsl,.zip,.xml - application

Save Cancel

Course Quality Management Plan

If you indicated that you will be offering “Continuing Education – Long Term Program Provider” courses, you will be prompted to upload a Continuing Education Training Program Management Plan and a Continuing Education Quality Management Plan.

Continuing Education - Long Term Program Provider

*Continuing education training program management plan

Upload File

*Name

Document Type

Select Document Type

*Continuing Education Quality Management Plan

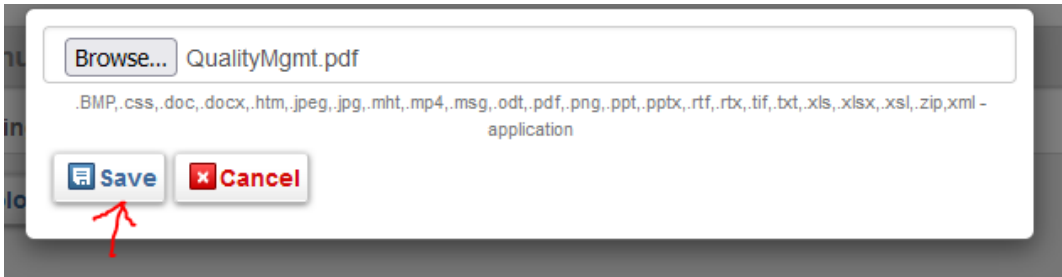
Upload File

*Name

Document Type

Select Document Type

As with other uploads, click “Upload File”, then click “Browse”, navigate to the file location and then click “Save” once you have clicked on the appropriate document.

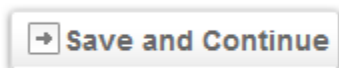


If you indicated that you will be offering “Continuing Education – Single Course Request” courses, you will receive this notice regarding requests to provide these courses:

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 than 30 days will be denied.

At the end of the page, click Save and Continue



For existing Ambulance Services, you will be presented with a list of your current locations. Only PERMANENT training locations not already appearing should be added to this list. Non-Ambulance Service applicants should enter all of your PERMANENT training locations. In addition, 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".

NOTE: For temporary/one-time use locations, each service/organization will have an "Other Training Location" available for use when creating new courses. DO NOT enter that location here.

Click "Add Another" to add locations:

Organization Information - 2 of 6 Required Training Documentation - 3 of 6 **Location Information - 4 of 6** Staffing Information - 5 of 6 Ac > ▼

▼ Records Location

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 stations will be designated as training locations. If you have other PERMANENT training locations please add them below.

For other types of organizations offering educational courses please enter all of your PERMANENT Training Locations below.

For temporary/one-time use locations, each service/organization will have an "Other Training Location" available for use when creating new courses. DO NOT enter that location here.

+ Name	Number	Street 1	Street 2	Zip Code (Entering a Valid 5 digit Zip Code will complete the City, County and State)	City	County	State	Phone	Fax	Primary Contact
Kansas Board of EMS	1	900 SW Jackson, Room 1031		66612	Topeka	Shawnee	Kansas	785-296-6209		
kansas Board two	2	random road		66612	Topeka	Shawnee	Kansas			

+ Add Another

If adding a location, enter the information for the location and then click "Done". For additional locations, click "Add Another" and repeat until all training locations are entered.

	1	2	3	City, County and State	Contact
<input checked="" type="checkbox"/>	Kansas Board of EMS	900 SW Jackson, Room 1031	66612	TopekaShawneeKansas	785-296-6209
<input checked="" type="checkbox"/>	kansas Board two	random road	66612	TopekaShawneeKansas	
<input checked="" type="checkbox"/>	New Training Location	12345 That Street	66612	TopekaShawneeKansas	

***Name**
New Training Location

***Number**
3

***Street 1**
12345 That Street

Street 2

***Zip Code (Entering a Valid 5 digit Zip Code will complete the City, County and State)**
66612

***City**
Topeka

***County**
Shawnee

***State**
Kansas

Phone
785 | 123 | 4567

Fax
785 | 890 | 1234

Primary Contact
JOHN TEST

When all locations have been added click "Save and Continue"

To designate someone on your personnel roster as “Instructional Staff”, or any other staff position, click the box next to their name.

< 5 Required Training Documentation - 3 of 6 Location Information - 4 of 6 Staffing Information - 5 of 6 Acknowledgement - 6 of 6

Staff Assignments

Tell us about your staff. In this area you can designate members of your staff as "Instructional Staff", "Lab Instructors" as well as designating the Medical Director.
To assign/remove a staff position assignment to/from anyone on your roster, click the box on the left next to their name, then either click the position you wish to assign to them or uncheck the box(es) for the positions from which you wish to remove them. Click Done.
Repeat as needed.

User	Position
<input type="checkbox"/> IMAGETREND *SUPPORT (991601027)	
<input type="checkbox"/> CARMAN ALLEN (3477)	
<input type="checkbox"/> EMT APPLICANT (991600307)	
<input type="checkbox"/> KIM COTT (998877)	
<input type="checkbox"/> JOSEPH HOUSE (23627)	Assistant Service Director, Instructional Staff
<input type="checkbox"/> OUTSIDE INSTRUCTOR (O194321)	Instructional Staff
<input type="checkbox"/> JAMES KENNEDY (997744)	Administrative Position, Assistant Service Director, Instructional Staff, Program Manager
<input type="checkbox"/> MI LAM TEST ACCOUNT (0057000)	
<input type="checkbox"/> JAMES REED (22422)	Assistant Service Director, Instructional Staff
<input type="checkbox"/> CURT SHRECKENGAUST (6974)	Instructional Staff, Medical Director, Primary Contact, Service Director
<input type="checkbox"/> SUZETTE SMITH (991600317)	Assistant Service Director
<input checked="" type="checkbox"/> JACK SPARROW (99991)	
<input type="checkbox"/> JOHN TEST (E1234567)	Administrative Position, Instructional Staff
<input type="checkbox"/> ALLIED TEST (AH99999)	

Click the box next all staff positions that apply to the selected provider and then click “Done”. Repeat as needed for additional staff assignments.

*User
JACK SPARROW (99991)

Position
 Administrative Position Assistant Service Director ePCR Contact Infection Control Officer Instructional Staff KDHE Admin
 Lab Instructor Medical Director Pediatric Emergency Care Coordinator Primary Contact Program Manager Service Director

If you have not previously assigned a Medical Director or your Medical Director has changed, you should click “Yes” at this prompt. Otherwise click “No”.

*Has your Medical Director Changed but not yet been updated with the Board of EMS?

Yes No

If you click “Yes”, you will be prompted to upload the Medical Director Appointment form. Click “Upload File”.

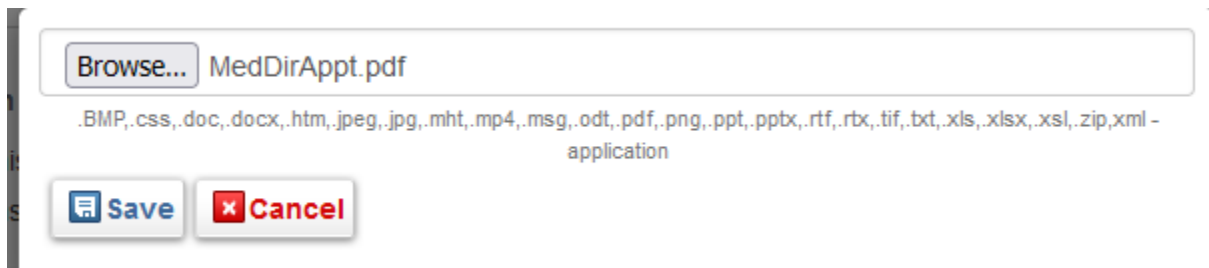
Medical Director changes require the Medical Director assignment form to be attached. The Medical Director Assignment form can be found [here](#).

*Please Upload the Medical Director Appointment Form

*Name
Medical Director Appointment

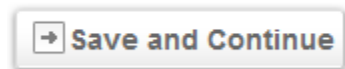
Document Type
Select Document Type

Click "Browse", navigate to the file location of the completed form, then click "Save".



A file upload dialog box is shown. It has a text input field containing "MedDirAppt.pdf" and a "Browse..." button to its left. Below the input field, a list of supported file types is displayed: ".BMP, .css, .doc, .docx, .htm, .jpeg, .jpg, .mht, .mp4, .msg, .odt, .pdf, .png, .ppt, .pptx, .rtf, .rtx, .tif, .txt, .xls, .xlsx, .xsl, .zip, .xml - application". At the bottom of the dialog, there are two buttons: "Save" with a floppy disk icon and "Cancel" with a red 'X' icon.

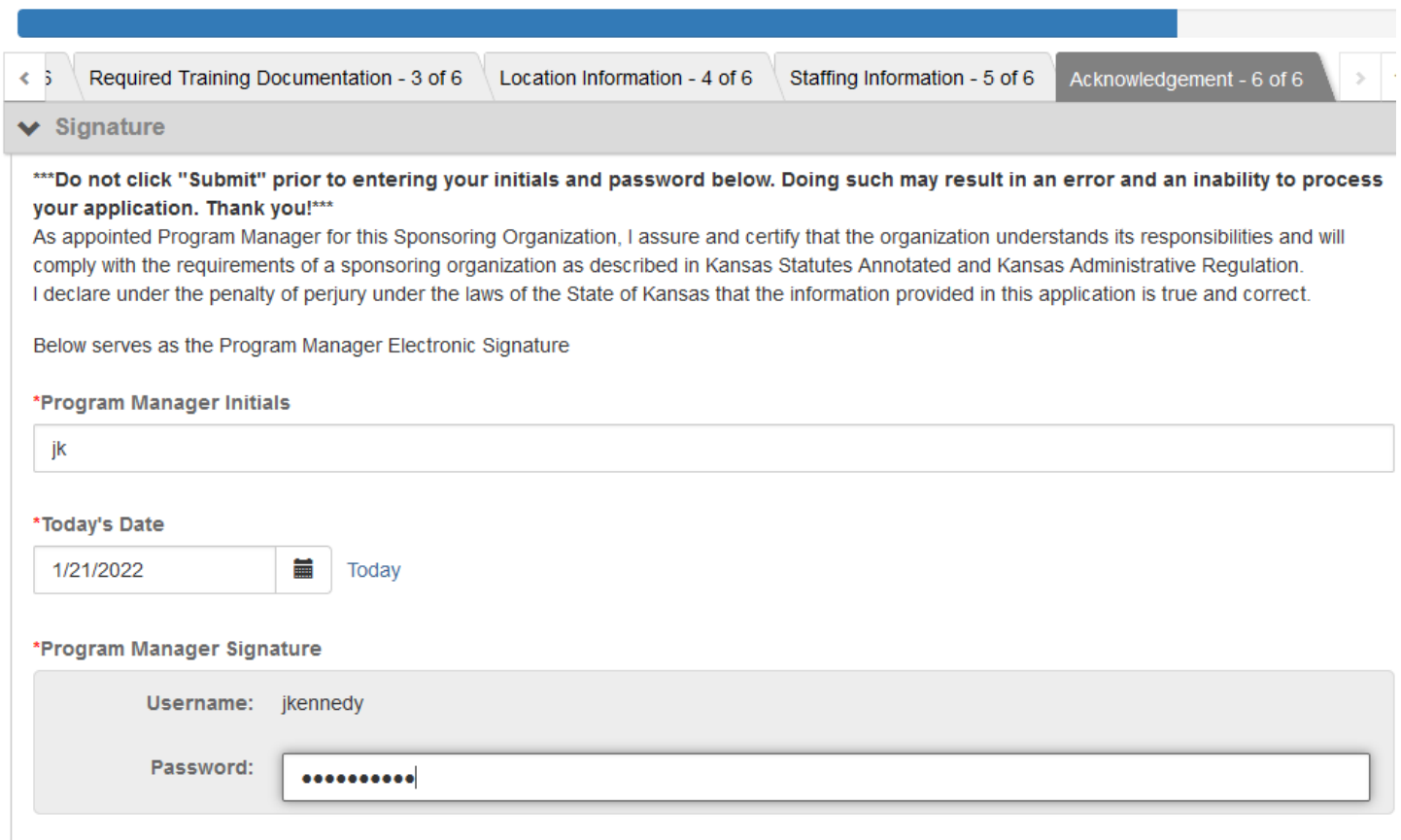
When all staff updates are complete, click "Save and Continue".



A button labeled "Save and Continue" with a right-pointing arrow icon.

Enter initials to acknowledge the statement, today's date, your password (your user name and password serve as your electronic signature), and click "Submit".

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The application form interface shows a progress bar at the top with four tabs: "Required Training Documentation - 3 of 6", "Location Information - 4 of 6", "Staffing Information - 5 of 6", and "Acknowledgement - 6 of 6". The "Acknowledgement" tab is active. Below the tabs, a section titled "Signature" is expanded. It contains the following text:
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
jk
*Today's Date
1/21/2022 Today
*Program Manager Signature
Username: jkennedy
Password: [masked]



A button labeled "Submit" with a checkmark icon. A red arrow points to the button.