

Sponsoring Organization Renewal Application

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

All entities offering EMS continuing and initial education courses must be an approved sponsoring organization by the Kansas Board of EMS and are required to renew their status on an annual basis by April 30th of each year. 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.

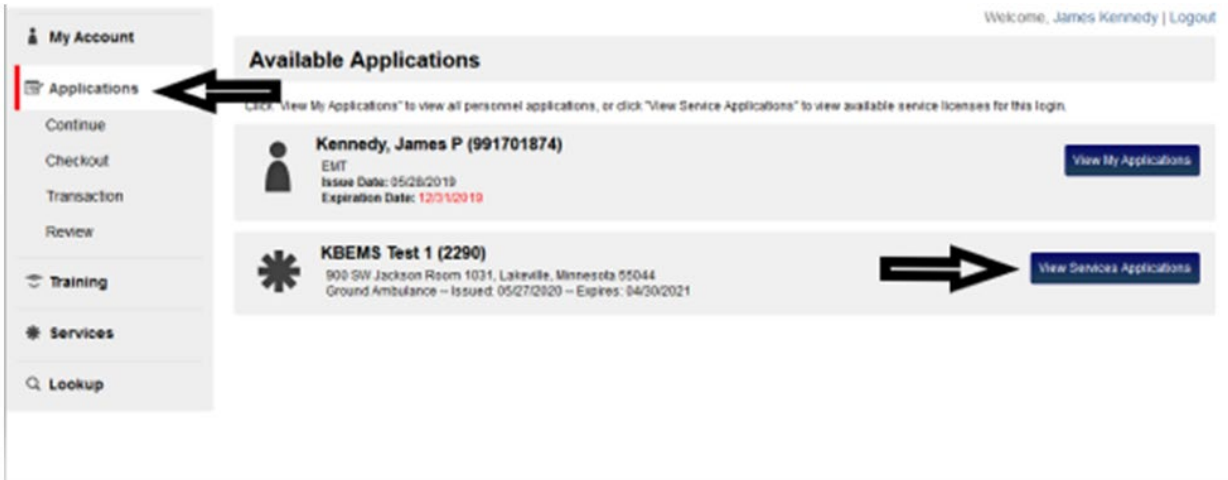
If there are changes to the supporting documentation for the types of courses your organization offers, be prepared to upload those documents as part of this application. This may include a List of Training Equipment and Supplies OR Training Equipment Sharing Agreement(s), an Education Quality Management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

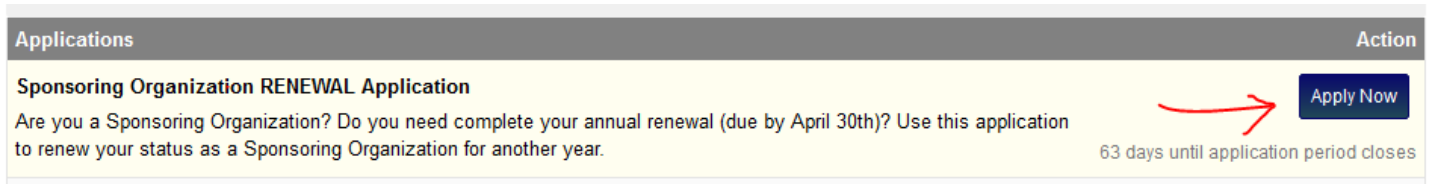
If there are changes to your Instructional Staff, Lab Instructors, or Medical Director you may update those assignments in this application. All Instructional Staff, Lab Instructors and the Medical Director must have accounts in the KBEMS License Management Portal and be listed on your [Personnel Roster](#). If your Medical Director has 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 RENEWAL Application" is available through the KBEMS License Management System Portal: <https://www.kemsis.org/lms/public/portal#/login>

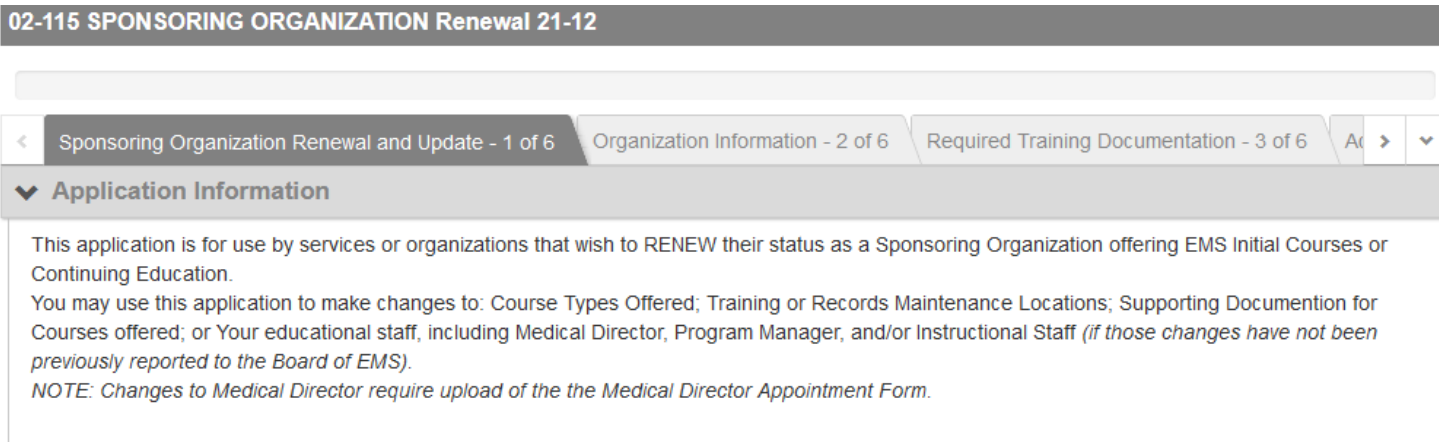
After signing in, access the service applications by clicking on “Applications” and the “View Services Applications” next to the service for which you wish to apply for Sponsoring Organization Status.



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



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



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 courses 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

*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

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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

*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

*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

*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".

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 here.

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

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.

Location Name	Number	Address	Street 2	Zip code	City	Fax	Primary Contact	Active
<input checked="" type="checkbox"/> Kansas Board of EMS	1	900 SW Jackson, Room 1031		66612	Topeka			<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Kansas Board two	2	random road		66612	Topeka			<input checked="" type="checkbox"/>

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

***Name**
Kansas Board of EMS

***Number**
1

***Street 1**
900 SW Jackson, Room 1031

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
785 296 6209

Fax

Primary Contact
Select Primary Contact

***Active**
 Yes No

If 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.

Staff Assignments

Tell us about your EDUCATIONAL staff. In this area you can designate members of your staff as "Instructional Staff". "Lab Instructors" as well as designating the Medical Director.
All Sponsoring Organizations will have an "Outside Instructor" on their service roster to be used when a qualified instructor not on your regular roster is used to instruct courses.
Please DO NOT modify non-educational staff positions here.
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(s) 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.
Use the Portal Service Personnel Function to maintain your roster. THIS FORM CANNOT BE USED TO ADD OR REMOVE PROVIDERS FROM YOUR ROSTER.

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

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.

*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

Done

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.

Medical Director changes require the Medical Director assignment form to be attached. The Medical Director Assignment form can be found here. If your MEDICAL DIRECTOR HAS NOT CHANGED YOU DO NOT NEED TO UPLOAD A NEW MEDICAL DIRECTOR ASSIGNMENT.

*Please Upload the Medical Director Appointment Form

*Name
Medical Director Appointment

Document Type
Select Document Type

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".

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▾ **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**

  Today

Submit ←