

Assurances and Certifications

We the undersigned assure and certify that the training program for which we seek approval from the Kansas Board of EMS will offer this course in compliance with the authority and requirements of the training program approval granted by the Kansas Board of EMS as described in Kansas statutes annotated and Kansas administrative regulations.

Furthermore, we assure and certify that the Kansas Board of EMS will be provided copies of any and all training program records upon their request.

THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PROGRAM COORDINATOR

DATE

SIGNATURE OF PRIMARY INSTRUCTOR

DATE

SIGNATURE OF MEDICAL ADVISOR

DATE

THIS FORM SHALL BE RECEIVED IN THE BOARD'S OFFICE AT LEAST 15 DAYS PRIOR TO THE FIRST SCHEDULED CLASS.

FOR BEMS USE ONLY

THIS COURSE IS: APPROVED CIN _____ - _____ DENIED

IF DENIED, REASON(S) _____

SIGNATURE OF BEMS REPRESENTATIVE

DATE

Computer Entry Date _____ By _____