

## **Applying for Approval of Educators Workshops**

Those interested in providing Educators Workshops to meet the requirements of K.A.R. 109-5-1 and 109-13-1 can do so via the Single Program approval process, by submitting the Educators Workshop Request for Approval Form.

Only official documents created by the provider of educational offerings will be accepted for consideration for retro-active approval for continuing education.

To insure educators attending your workshop receive proper credit for attendance, the program must submit a copy of all rosters to BEMS. Failure to provide these could result in educators being denied recertification due to lack of attendance.

To meet the requirements of an Educator's workshop as addressed in KAR 109-5-1 and 109-13-1 offerings must be a minimum of eight (8) hours in length and must address objectives listed in the DOT Educator's Guidelines.

Applications for approval received less than 30 days in advance of the course date may not be listed at [www.ksbems.org](http://www.ksbems.org).

Continue to next page for the form.

# EDUCATORS WORKSHOP REQUEST FOR APPROVAL

Board of EMS LSOB 900 SW Jackson, Rm. 1031-S Topeka, KS 66612 785-296-7296

PLEASE TYPE OR PRINT

Sponsoring Organization \_\_\_\_\_

Program Managers Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical Director \_\_\_\_\_

Workshop Location, Building \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ EMS Region \_\_\_\_\_

This program is open to TO1s, TO2s, ICs outside of your agency?  Yes  No

Is this class submitted for Educational Incentive Grant funding?  Yes  No

This form must be submitted a minimum of 15 days prior to course offering.

Approved courses will be posted at [www.ksbems.org](http://www.ksbems.org).

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## BEMS USE ONLY

This proposed workshop is:  Approved  Not Approved

Course Identification Number CE \_\_\_\_\_

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date

# WORKSHOP SCHEDULE

Date	Time	Topic	Lesson #	Hrs	IC & Credentials