

APPLICATION FOR INSTRUCTOR-COORDINATOR CERTIFICATION

Kansas Board of EMS 900 SW Jackson St. Room 1031 Topeka, KS 66612 785-296-7296

Please fill out the application and pay the required fee of \$65.00 made payable to the Board of EMS.

Name of applicant _____

Last

First

Middle

Date of birth ____/____/____ SS# _____

Your social security number is required pursuant 42 U.S.C.S. § 666 (a)(13), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas Director of Taxation, upon request.

Mailing address _____

Street/Box #

City

State

Zip

Work phone _____ Home phone _____

Level of attendant certification: EMT EMT-I EMT-D MICT

Other license(s)/certificate(s) held in health care field _____

K.S.A. 65-6129b(a)(2) provides one year from the date of last class of your I/C course to make application for certification. K.A.R. 109-7-1 establishes an application for examination/certification fee Instructor-Coordinator of \$65.00.

STATEMENT OF APPLICANT

I am requesting certification for Kansas Instructor-Coordinator. I certify the statements above are true and complete to the best of my knowledge. I understand that certification will be dependent on my successful completion of the documented competencies in an assisted teaching experience per administrative regulations and policies and procedures established by the Board.

Signature of applicant

Date

FOR BOARD USE ONLY

DATE CERTIFIED _____ FEE PAID _____ COMPUTER ENTRY BY _____