Regain Application for Instructor/Coordinator

Board of EMS, 900 SW Jackson, Suite 1031, Topeka, KS 66612 Tel: 785-296-6349

Name of applicant:_____SS#:_____

Address:_____
Street/Box # City State Zip

Work phone( )_____Home phone( )_____

Attendant certification level: EMT[ ] EMT-I[ ] EMT-D[ ] MICT[ ]

K.A.R. 109-9-1(g) If within two years after the date of expiration of an I/C's certificate, this person applies for renewal of the certificate, the certificate may be granted by the board if the applicant completes the following:

A. Training taken in Adult Theory & Methodology:

CIN_____Date:_____

B. I/C renewal workshop:

Date_____Location_____CIN_____

Your social security number is required pursuant to 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.

Statement of Applicant:

I attest the above information is true and accurate to the best of my ability. Enclosed is payment of $120.00 (check or money order) for the regain application fee.

_____ _____
Signature of Applicant Date

BOARD USE ONLY

Fee enclosed_____Verified by_____Date of Regain_____