

**Training Verification for Graduate Certification**

Board of EMS 900 SW Jackson Street Room 1031 Topeka, KS 66612 785-296-6349

K.S.A. 65-6129 as amended by H.B. 2865, allows an ambulance service operator to apply for a graduate certification. An application has been received for the individual listed below.

Name of Graduate: \_\_\_\_\_ SS# \_\_\_\_\_

Course Identification #: \_\_\_\_\_ Date of Last Class: \_\_\_\_\_

Course Level: \_\_\_\_\_

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.

If any of the information above is incorrect or if you have any questions concerning this application please contact Chrystine at 785-296-6349.

The individual listed above has successfully completed the course listed above.

Yes No

I certify that the information above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Instructor/Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name