



Landon State Office Building
900 SW Jackson Street, Room 1031
Topeka, KS 66612-1228

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Dr. Joel E Hornung, Chair
Joseph House, Executive Director

Laura Kelly, Governor

APPLICATION FOR INACTIVE CERTIFICATE

Instructions:

- Complete the requested information
- Initial next to each of the terms
- Print the completed form
- Sign and date the form
- Send, or deliver, the completed and signed form along with your \$10 payment to:

KBEMS
900 SW Jackson; Suite 1031
Topeka, KS 66612

EMS Provider Information

KBEMS # _____ Date of Birth _____
 First Name _____ Last Name _____

Terms of "Inactive" certificate (initial next to each confirming you read and accepted)

- _____ I will not be directly engaged in the provision of EMS for which certification is required.
- _____ I will not represent myself to the public as being professionally engaged in the provision of EMS.
- _____ I will not engage in the practice of EMS while within "inactive" status.
- _____ I understand that violating this "inactive" status deems me guilty of a class B misdemeanor.

I, the undersigned, acknowledge:

- that all information I have provided is factual;
- that I have read and accepted each of the four terms above (evidenced by my initials);
- that I currently hold an active and unexpired Kansas EMS provider certificate;
- that I will seek and receive an "active" certificate prior to engaging in the provision of EMS; and
- that I am requesting issuance of an inactive EMS provider certificate.

 Signature Date

Form must be received in our office when your certificate is active and current **AND** within the effective dates listed below.

For those expiring on December 31, 2021, this completed form and payment must be physically received in our office no later than **4:30pm** CST on **Monday, January 3, 2022** in order for you to still be eligible for this request without renewing your Kansas EMS provider certificate.