

Number:  
Inspector:  
Date:

Kansas Board of Emergency Medical Services

900 S.W Jackson, LSOB, Room 1031  
Topeka, KS 66612  
785-296-7296

Program Provider Audit

Expiration Date:  
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Vehicle Unit Number:

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Section 1

No.	Item			
1	Providers shall maintain a copy of the application form and all documents required to be submitted with the application for training program approval. K.A.R 109-5-3(7)(a)	C	N/A	NC
2	Each provider shall maintain student attendance rosters. K.A.R 109-5-3(b)(7)(B)	C	N/A	NC
3	"Roster" means a document whose purpose is to validate attendance at an educational offering and that includes the following information(1) Name of the sponsoring organization (2) location where the educational offering occurred; (3) signature, time of arrival, and time of departure of each attendee; (4) course identification number issued by the board;(5) title of the educational offering;(6) date of the educational offering; and (7) printed name and signature of the program manager. K.A.R 109-1-1(qq)	C	N/A	NC
4	Each provider shall maintain course educational objectives. K.A.R 109-5-3(b)(7)(D)	C	N/A	NC
5	Each provider shall maintain master copies and completed copies of each student's evaluations of the educational offerings. K.A.R 109-2-5(b)(7)(D)	C	N/A	NC
6	Each provider shall maintain training program records and continuing education course records for at least three years. K.A.R 109-5-3(b)(7)	C	N/A	NC
7	Each provider shall provide to each student, upon request a course schedule that includes the following: (i) The date and time of each class lesson (ii) the title of each lesson; and (iii) the name of the instructor-coordinator, educator, mentoring educator, trainer, or training officer and that individual's qualifications to teach each lesson. K.A.R 109-5-3(b)(6)(A)	C	N/A	NC
8	Each provider shall provide to each student, upon request a certificate of attendance that includes the following: (i) The name of the training program; (ii) a statement that the training program has been approved by the board as a long-term provider of continuing education training (iii) the title of the continuing education offering; (iv) the date and location of the continuing education offering; (v) the amount of continuing education credit awarded to each participant for the offering; (vi) the course identification number issued by the board; and (vii) the printed name and signature of the program manager.K.A.R 109-5-3(b)(6)(B)	C	N/A	NC
9	Each provider shall provide a sufficient number of lab instructors to maintain a student-to-instructor ratio of 6:1 during laboratory training sessions;K.A.R 109-5-3(b)(4)	C	N/A	NC
10	Each provider shall provide a sufficient quantity of EMS training equipment to maintain a student-to-equipment ratio of 6:1 during laboratory training sessions;K.A.R 109-5-3(b)(5)	C	N/A	NC
11	Each provider shall establish a continuing education program quality management plan that includes the following: (A) A description of the training needs assessment used to determine the continuing education courses to be conducted;(B) a description of the training program evaluations to be conducted and a description of how a review and analysis of the completed evaluations by the training program's medical director and the training program manager shall be conducted;	C	N/A	NC

Comments...

Responsible Party Signoff

\*

[Clear](#)

\*First Name:

\*Last Name:

Certification Number: