Initial Course Entry

Initial course entry is as follows:

Note:

If you are not an Instructor Coordinator, you will not be allowed to submit for an Initial Course Request.

Once signed into the portal, click on "Manage".

| KBEMS Agency Lookup | |
|---------------------|--|
| My Account | Welcome, JACK SPARROW Lcgout |
| Profile | My Account |
| Documents | **Verify all email addresses to ensure receipt of KBEMS communications.** Select "Profile" to the left below "My Account" |
| Applications | Use Google Chrome or Mozilla Firefox internet browsers to avoid system issues. |
| 🗢 Education | Apple Satari, Internet Explorer or Microsoft Edge may cause unexpected errors. |
| * Services | Scheduled System Update: None Scheduled. |
| Q Lookup | |
| X Manage | Following an update to the KBEMS Licensure system the internet address for the Public Portal has changed. |
| * Manage | The new address for the portal is: https://www.kemsis.org/ims/public/ |
| | While the old address should redirect to the new address for a short time, you should update any internet browser shortcuts you may have to the new address. |
| | |

Click "Add a New Course"

| KBEMS Agency Lookup | |
|---------------------|---|
| 🋔 My Account | Welcome, JACK SPARROW Logout Enter any of the criteria options below to find available courses. To view course details, click the course number to open a more complete course overview. |
| Applications | Manage Courses |
| 🗢 Education | + Add New Course |
| * Services | A B C D E F G H I J K L M N O P Q R S T U V W X Y Z <u>ALL</u> |
| Q Lookup | Q Select Course Type Select Status Course Start |
| 🕷 Manage | Test Date V Select Location V CLEAR |
| Courses | Name Number Status Course Date Closing Date Test Date Instructor Location Completed Attendees |
| | No Records |
| | Records 0-0 of 0 First Previous Next Last Page 1 Per Page 10 v |
| | |

Select a Course Type of "Initial" from the drop-down box

| KBEMS | Agency Lookup | | |
|-------|---------------|------------------------------|--------------------------------|
| â My | Account | Enter any of the criteria of | Welcome, JACK SPARROW Logout |
| 🗟 Арр | lications | Create Course | |
| 🗢 Edu | cation | ~ Course Details | |
| * Ser | vices | * Course Type | |
| Q L00 | kup | Course Name | Choose a course type |
| 🗶 Mar | nage | | |
| Cour | rses | ∧ Dates | |
| | | * Start Date | mm / dd / yyyy |
| | | 🖷 Save & Continue | + Back |

Enter any of the criteria options below to find available courses. To view course details, click the course number to open a more complete course overview.

| Create Course | | | |
|-----------------------------|--|---|-------------------------------------|
| ∧ Course Details | | | |
| * Course Type | Initial | ~ | |
| * Course Name | EMT | ~ | |
| Course Number | Course number will be automatically generated | | |
| * Region Held | 5 | ~ | All fields are required |
| * Sponsor | BOARD of EMS | ~ | If you are not an |
| * Location | KS-155 Board of EMS | ~ | you will not be able to |
| * Instructor Coordinator | HOUSE, JOSEPH ANTHONY (23627) | ~ | enter an Initial Course request. |
| * Instructor | ALLEN, CARMAN MARIE (3477) | ~ | |
| Co-Instructors | Select | ~ | |
| * Medical Director | HORNUNG MD, JOEL E | ~ | |
| Description | B I U S {} x ² X ₂ Normal ▼ 14▼ Font ▼ | | |

Outside instructors should be entered into the Description section. Example John Doe, MD, Cardiologist

| cription | B | | U | s | {} | X^2 | X_2 | Nori | mal | • | 14 | ↓ ▼ | ont | | • | |
|----------|---|---|---|---|----|-------|-------|------|-----|---|----|------------|-----|---|---|---|
| | ÷ | Ξ | | 1 | - | Ξ | Ξ | = | 1 | P | 82 | 11- | 20 | ٢ | 5 | C |

- Click in the "Start Date" field, enter the date of the course.
- Click on the "Hours" field, enter the hour, minute and "A" for A.M. or "P" for P.M.
- Repeat for the "End Date" field and time.
- College Credit Yes/No
 - o If Yes name of institution
- Select the "Class Day(s)"
- Select All documents uploaded.
 - It is Highly recommended you place all documentation into the system for a secure record retention.
 - Course Schedule
 - Instructor Qualifications
- Once all information is completed click "Save & Continue"

Note:

The closing date will be set prior to the approval of the course request.

| ∧ Dates | | | | |
|--------------------------|------------------------|-----------------------|-------------------------------------|--|
| * Start Date and Time | 09/01/2022 | 04:00 PM | | |
| * End Date and | 12/16/2022 | 09:00 PM 🕲 | | |
| Time Closing Date | mm / dd / yaaay | ^] | | |
| Closing Date | After this date, the c | ourse details will no | t be editable on the public portal. | |

| Additional Information |
|---|
| * Is this course being given college credit? |
| If yes, Name of institution granting hours: |
| * Days Class to be ✓ Monday □ Tuesday ✓ Wednesday □ Thursday ✓ Friday □ Saturday held □ Sunday |
| The following documents are uploaded □ Program Provider Plan On File □ BLS Examination Document □ Conce Course Objectives □ Conce Course Objectives □ Program Provider Plan On File □ BLS Examination Document □ CE Certificate |
| * Lecture Hours 185 |
| * Lab Hours 20 |
| Clinical Hours 8 |
| Internship Hours 0 |

Click "Save & Continue"

| Enter any of the chiena options below to find available courses. I | To view course details, click the course number to open a more complete course overview |
|---|---|
| Course: EMT | |
| Number: IC2022-571 Date: 9/1/2022 4:00 PM - 12/16/2022 9:00 PM Location: KS-155 Board of EMS Instructor: HOUSE, JOSEPH ANTHONY Attendees: 0 total Credited: 0 | Details appear here including the course number |
| This course is not yet created. Please finish entering info and click "Fi ew and update the number of hours that are applicable to each to Course Details Credit Hours Attendees Document | inalize Course Creation" button to finish adding the course. opic for this training. Is Tests |
| The topic options and credit hours are restricted based on the se | elected course type in Public Portal |
| EMT v 10 | Course topic is specific to the |
| + Add Topic | course, in any example Einit |

You may not Finalize the course submission until you have uploaded a document which should at least be your course schedule. Do so at this time.

Enter any of the criteria options below to find available courses. To view course details, click the course number to open a more complete course overview.

| | Course: EMT |
|----------------|---|
| | Number: IC2022-571 Date: 9/1/2022 4:00 PM - 12/16/2022 9:00 PM Location: KS-155 Board of EMS Instructor: HOUSE, JOSEPH ANTHONY Attendees: 2 total Credited: 0 |
| Click column h | eaders to sort by that heading. Click again to sort in the opposite direction (e.g., if sorting a-z, clicking again will sort z-a). |

Create Document

Course Details Credit Hours

| * Name | EMT Course Schedule |
|-----------------|---|
| Description | EMT Course Schedule |
| | li. |
| * Document Type | Initial Course Schedule v |
| * File Upload | Browse EMT Course Schedule.docx |
| Create Back | Once completed adding your information and document click "Create". For more documents repeat this process. |
| Bulk Actions | Records 1-2 of 2 First Previous Next Last P; |
| → Finalize Co | ourse Creation |
| | © 2022 ImageTrend, Inc. |

Attendees Documents Tests

When you Finalize your course for submission, a confirmation page will appear. Review the information and then "Confirm Course Creation"

| A Details Name: EMT Description: Location: KS-155 Board of EMS Instructor: HOUSE, JOSEPH ANTHONY | ∧ Attendees SHRECKENGAUST, CALEB *TEST, EMR |
|--|---|
| | ~ Documents |
| Topics EMT: (1 hours) | EMT Couse Schedule: EMT Course Schedule docx |
| | ∧ Tests |
| ∧ Course Fee Flat Fee: Late Fee: Total Fee: \$0.00 | No tests added |
| | Confirm Course Creation Close |

| | | | | | | | | | | | | | | | | | | Export to Ex | | | xcel | + Add Attende | | | | |
|---|-------|----|----|---------|----|----|-------|----|------|--------|------|---|-----|---|-----|----|-----|--------------|------|---|------|---------------|----|-----|-------|------|
| A | в | С | D | Е | F | G | Н | i. | J | к | L | М | Ν | 0 | Ρ | Q | R | s | т | U | V | W | х | Y | Z | ALL |
| | | | | | Q | CI | EAR | | | | | | | | | | | | | | | | | | | |
| 1 | Nam | e | Re | gistere | ed | S | tatus | (| Comp | pleted | Date | | PDF | = | Ema | il | Cer | t Exp | Date | | Cert | Leve | :1 | Cer | t Num | ıber |
| | ecord | is | | | | | | | | | | | | | | | | | | | | | | | | |

Course Attendees will be added at a later date but will follow this process.

Type in the first few letters of the persons last name and the system will return any matches found within a name or email address. If it is a common name, you will need to type Last, First names.

Place a checkmark to the left of any person you need to add to your roster

Please bulk select the users to add them to this course:

| ſ | shrec Q Select Age Grou | up V Select Service V Select Certification Level | CLEAR | | | |
|---|-------------------------|---|-------------|------------|-------------|---------------|
| ٥ | Name | Email | Cert Number | Cert Level | Cert Status | Cert Exp Date |
| | *TEST, EMR | curt.shreckengaust@imagetrend.com | 992201273 | Paramedic | Current | 09/30/2022 |
| | SHRECKENGAUST, CALEB | calebshreck@gmail.com | 51529 | | | |
| | SHRECKENGAUST, CURT | Curt.Shreckengaust@ks.gov | | | | |
| | SHRECKENGAUST, CURT | shreckcurt@gmail.com | 6974 | Paramedic | Current | 12/31/2023 |

Close

+ Add to Course Records 1-4 of 4 | First | Previous | Next | Last | Page 1 | Per Page 50 v

Please bulk select the users to add them to this course: Select Certification Level Q Select Age Group - Select Service CLEAR shree *TEST. EMR curt.shreckengaust@imagetrend.com 992201273 Current 09/30/2022 \checkmark Paramedic SHRECKENGAUST, CALEB calebshreck@gmail.com 51529 SHRECKENGAUST, CURT Curt.Shreckengaust@ks.gov SHRECKENGAUST, CURT shreckcurt@gmail.com 6974 Paramedic Current 12/31/2023 + Add to Course Records 1-4 of 4 | First | Previous | Next | Last | Page 1 | Per Page 50 v Т Now select "+Add to Course". Repeat this process until all students are in your roster. When you are completed click "Close" Close

Now "Enroll" your students.

| | Co | urse | Deta | iils | С | redit | Hours Attendees | | | | | Doc | ume | nts | Т | ests | | | | | | | | | | | | | | | |
|-----------------|--|------|------|------|---|-------------------|-----------------|--|-----|--------------------|--|-----|-----|-------|-----|------|--------|-----|--|---|-----------------|---|---|-----------------|----------------|----------------|---|---|---|---|-----|
| | | | | | | | | | | | | | | | | | | | | | Export to Excel | | | | ŀ | + Add Attendee | | | | | |
| | A | E | 3 | с | D | Е | F | | G | Н | T | J | ł | ¢ | L | М | N | 0 | Ρ | Q | R | s | т | U | v | w | х | Y | Z | Z | ALL |
| Click | | | | | | | | Q | CLI | EAR | | | | | | | | | | | | | | | | | | | | | |
| to | All 2 Records Selected. Clear Selection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| select all 🗪 | Vame | | | | | Registered Status | | | | Completed Date PDF | | | DF | Email | | | | | Cert Exp | | | | | Date Cert Level | | | | | | | |
| | *TEST, EMR 8 (992201273) 3 | | | | | | | 8/29/2022 3:21 PM | | | | | | | | | | | curt.shreckengaust@imagetrend.com 09/30. | | | | | | 2022 Paramedic | | | | | | |
| | SHRECKENGAUST, 8/29/202 CALEB (51529) 3:21 PM | | | | | | | 19/2022 calebshreck@gmail.com 21 PM | | | | | | | | | | | | | | | | | | | | | | | |
| | < | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | > |
| - | Bulk Actions - Records 1-2 of 2 First Prev | | | | | | | | | /iou | s N | ext | Las | t P | age | 1 | Per Pa | age | 50 | ~ | | | | | | | | | | | |
| | Send Correspondence | | | | | | | | | | | | | | | | | | | | | | | | | | _ | | | | |
| - | Set Completion Date and/or Attendee Status | | | | | | | | | us | Select "Bulk Actions" then select "Set Completion Date | | | | | | | | | | | | | | | | | | | | |
| | Remove from Course | | | | | | | | | | and/or Attendee Status" | | | | | | | | | | | | | | | | | | | | |

In the dropdown select "Enrolled" then select "Update"

| complete e 20th lication | NOUL COLLEGE LOG | Bulk Update Attendees | ed both t |
|--------------------------------|--------------------|--|-----------|
| ons for | | Please enter values for the selected attendee(s) | applicati |
| . cours | Completion Date | mm / dd / yyyy | |
| ing ec . course | Attendee Status | Enrolled | (HERE) |
| Detail: | 🖪 Update | Close | E+ Ex |
| 3 C | DEF | GHIJKLMNOPQRST | U |

Your roster should now look like the following

| 0 of | 0 of 2 Records Selected. Select All | | | | | | | | | | | | |
|------|-------------------------------------|----------------------|----------|----------------|-----|----|--|--|--|--|--|--|--|
| | Name | Registered | Status | Completed Date | PDF | E | | | | | | | |
| | *TEST, EMR (992201273) | 8/29/2022 3:21 PM | Enrolled | | | CI | | | | | | | |
| | SHRECKENGAUST, CALEB (51529) | 8/29/2022 3:21 PM | Enrolled | | | Ci | | | | | | | |