

Kentucky Board of Emergency Medical Services Instructional Document: Applying for Renewal in Kentucky September 27, 2023

1. Open the KBEMS website using your Internet browser (Chrome or Firefox preferred) and enter https://kbems.ky.gov/ or simply use a search engine for KBEMS. Once you're at the home page, click the gold KEMSIS hexagon on the middle of the page.



2. Type in your Username and Password. If you need assistance with your account, click the Forgot Username or Password link. You may also use the Account Lookup feature.

Account Login	We strongly encourage the use of Google Chrome or Mozilla Firefox b issues navigating the system, particularly regarding file attachments.	rowsers for this site; <u>Apple Sa</u> to not use a smartphone to co			
Q Lookup If you need assistance, please submit a support ticket.					
	Login jgage1				
	•••••• Forgot Username or Forgot Password?	Show Password			
	Login Create Account				

- 3. Before starting any applications, please make sure your demographic information is correct, specifically your email and address. Incorrect or out of date information delays any application process.
- 4. Click on the Applications tab on the lefthand side.

My Account	My Account					
Profile	For more details about any item, click the links on this page or on the left menu.					
Issued Application Documents	Johnny Gage EMT Number: 1125052 Issued: 11/22/2022 Expiration: 12/31/2024 Participation: 12/31/2024					
* Service	 New courses requested Upcoming courses this month Upcoming tests this month Courses need to be signed off 					

5. Select "2023 Provider Renewal" by clicking on "Apply Now". This particular application is not shown below but will become available in this section on Oct. 1st unless otherwise announced by KBEMS. If you have already started an application, you can select "Continue" on the lefthand side under applications to complete it. If you just need to complete a payment on an application, you can find that under "Checkout" at the same location.

t My Assault	Johnn	/ Gage Logout
My Account	Available Applications	
Applications	Begin a new application or click one of the links in the left menu to work with an application you have already begun.	
Continue 9		
Checkout 2	My Applications Services Applications	
Transaction		
⋕ Service	Gage Jr., Johnny Roderick (1125052) EMT Issue Date: 11/22/2022	
Inspections	capitation bate. 12/3/12/024	
	Applications	Action
	Duplicate Provider Card	Apply Now
	Create a duplicate provider card.	
	Reinstatement Certification/License	
	Reinstatement Certification/License Application for Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or Paramedic. This application is not for reciprocity or initial applicants. Please have all required documents prepared for upload. Visit KBEMS.ky.gov and click the Certification & Licensure section to view requirements for this section.	Apply Now
	Initial Certification/License	
	The Initial Certification/License Application is for first time KBEMS Certification/License (Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or Paramedic) if the course you took was completed in Kentucky by a KBEMS certified EMS-TEI. If you completed your course outside of Kentucky, you would need to enter through the reciprocity process. This application is not for reciprocity or reinstatement applicants. NREMT certification	Apply Now
	Reciprocity Certification/License Reciprocity Certification/License Application for Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or Paramedic. Please have all required documents prepared for upload. Visit KBEMS.ky.gov and click the Certification & Licensure section to view requirements for this section.	Apply Now

6. Once the application is selected, please follow directions to complete it and verify any prefilled fields. Each level will require different documentation. Full requirements and eligibility for licensure can be found here under the 2023 Renewal CE Requirements section: https://kbems.ky.gov/Certification-And-Licensure/Pages/default.aspx. This documentation of CEs and additional certifications is to be <u>maintained</u> by the provider and they should be able to

produce written evidence if audited. There <u>will not</u> be a place to upload these documents in the renewal application.

- 7. <u>Please note</u>: CEs are **NOT** required at time of renewal. All CEs must be completed by December 31, 2023.
- 8. Renewal requirements vary by certification level and renewal method. For a complete list of **hours** required, visit the link mentioned in Step 6.
 - a. For EMR, EMT, and AEMT:
 - Proof of NREMT or successful completion of the NREMT National Continued Competency Program for continuing education in that certification level.
 KBEMS approved online CE classes: https://kbems.ky.gov/Education/Pages/Continuing-Education.aspx.
 - Intersection of UNV(AIDs Training
 - Proof of HIV/AIDs Training
 - Proof of Sexual Violence Awareness Training <u>and</u>
 - Proof of Pediatric Abusive Head Trauma Training
 - b. For Paramedic:
 - Proof of NREMT or successful completion of the NREMT National Continued Competency Program for continuing education (Totals 60 hours of CE).
 KBEMS approved online CE classes: <u>https://kbems.ky.gov/Education/Pages/Continuing-Education.aspx</u>.
 - Proof of HIV/AIDs Training
 - Proof of Sexual Violence Awareness Training and
 - Proof of Pediatric Abusive Head Trauma Training
 - c. For EMS Educator
 - Proof of maintaining a state certification or licensure as an EMS provider or as a Registered Nurse (RN), Advanced Practice Registered Nurse (APRN), Physician (DO or MD), or Physician Assistant (PA) at a level equal to or greater than the level at which they are certified as an EMS educator. <u>And</u>
 - During the preceding two (2) years, has been actively engaged in instruction and obtained at least four (4) hours on topics related to methods of instruction (MOI).

9. Once application has been completed, please sign digitally, and select submit.

Introduction Applicant Demographics Legal Questions Renewal Signature Applicant Declaration I hereby certify that the information provided on this application is complete and true. I understand that knowingly supplying false information on this application as a volation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me incomplete if I alti to provide all information requested on this application. ADA Notification: If you have a physical, mental, or other disability which might entitle you to receive restricted certification or license in education or employment you must supply medical records or documentation thereof to receive reasonable accommodation. KBEMS is paperlessI By signing below, I affirm that I have read and understand KRS 311A.105 which states: "Any person as defined in KRS 446.010 licensed or certified by the board shall maintain a current mailing address As a condition of holding al license or certification from the board, a license or certificate holder is deemed to have consented to service of notice or orders of the board and the mailing address on file with the office of the board, and any notice or order of the board mailed or delivered to the mailing address on file with the board constitutes valid services or the notice or order." I understand that KBEMS will use electronic (email) communications as the primary method to communicate with me. I understand that it is my personal responsibility to ensure that the email address on file in KEMSIS is current, accessible, and checked regulary. Furthermore, I understand that continued certification and/or licensure with the Kentucky Boar	2023 Provider Renewal (All Levels)					
Applicant Declaration I hereby certify that the information provided on this application is complete and true. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me incomplete if I fail to provide all information requested on this application. ADA Notification: If you have a physical, mental, or other disability which might entitle you to receive restricted certification or license in education or employment you must supply medical records or documentation thereof to receive reasonable accommodation. KBEMS is paperless! By signing below, I affirm that I have read and understand <u>KR\$ 311A.105</u> which states: "Any person as defined in <u>KR\$ 446.010</u> licensed or certificed by the board shall maintain a current mailing and electronic molling address with the office of the board and immediately holify the board of hange of maling or electronic mailing address. As a condition of holding a license or certification from the board, and any notice or order of the board mailed or delivered to the mailing address on file with the board of the notice or order." I understand that KBEMS will use electronic (email) communications as the primary method to communicate with me. I understand that it is my personal responsibility to ensure that the email address on file in KEMSIS is current, accessible, and checked regularly. Furthermore, I understand that continued certification and/or licensure with the Kentucky Board of Emergency Medical Services is my personal responsibility and not the responsibility of my employer or any third-party. *signature	Introduction	Applicant De	mographics	Legal Questions	Renewal	Signature
I hereby certify that the information provided on this application is complete and true. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me incomplete if I fail to provide all information requested on this application. ADA Notification: If you have a physical, mental, or other disability which might entitle you to receive restricted certification or license in education or employment you must supply medical records or documentation thereof to receive reasonable accommodation. KBEMS is paperless! By signing below, I affirm that I have read and understand <u>KRS 311A.105</u> which states: "Any person as defined in <u>KRS 446.010</u> licensed or certified by the board shall maintain a current mailing and electronic mailing address with the office of the board and immediately notify the board shall maintain a current mailing address. As a condition of holding a license or certification from the board, a licensee or certificate holder is deemed to have consented to service of notice or orders of the board constitutes valid service of the notice or order." I understand that KBEMS will use electronic (email) communications as the primary method to communicate with me. I understand that it is my personal responsibility to ensure that the email address on file in KEMSIS is current, accessible, and checked regularly. Furthermore, I understand that continued certification and/or licensure with the Kentucky Board of Emergency Medical Services is my personal responsibility and not the responsibility of my employer or any third-party. *signature Username: jgage1 Line Service is a structure with the Kentucky Board of Emergency Medical Services is my personal responsibility and not the responsibility of my employer or any third-party. *signature	✓ Applica	nt Declarati	on			
KBEMS is paperless! By signing below, I affirm that I have read and understand KRS 311A.105 which states: "Any person as defined in KRS 446.010 licensed or certified by the board shall maintain a current mailing and electronic mailing address with the office of the board and immediately notify the board in writing of a change of mailing or electronic mailing address. As a condition of holding a license or certification from the board, a licensee or certificate holder is deemed to have consented to service of notice or orders of the board at the mailing address on file with the office of the board, and any notice or order of the board mailed or delivered to the mailing address on file with the board constitutes valid service of the notice or order." I understand that KBEMS will use electronic (email) communications as the primary method to communicate with me. I understand that it is my personal responsibility to ensure that the email address on file in KEMSIS is current, accessible, and checked regularly. Furthermore, I understand that continued certification and/or licensure with the Kentucky Board of Emergency Medical Services is my personal responsibility and not the responsibility of my employer or any third-party. •Signature Username: jgage1 Password:	I hereby cert application is application c mental, or ot or document	tify that the info s a violation of can be returned ther disability w tation thereof to	rmation provid KRS Chapter to me incomp hich might en preceive rease	led on this applicatio 311A and subjects m olete if I fail to provide title you to receive re onable accommodati	n is complete te to the full r e all informati estricted certif on.	e and true. I understand that knowingly supplying false information on this ange of disciplinary action described therein. I further understand that my on requested on this application. ADA Notification: If you have a physical, ication or license in education or employment you must supply medical records
I understand that KBEMS will use electronic (email) communications as the primary method to communicate with me. I understand that it is my personal responsibility to ensure that the email address on file in KEMSIS is current, accessible, and checked regularly. Furthermore, I understand that continued certification and/or licensure with the Kentucky Board of Emergency Medical Services is my personal responsibility and not the responsibility of my employer or any third-party. *Signature Username: jgage1 Password:	KBEMS is pa licensed or o board in writ certificate ho any notice of	aperless! By sign certified by the ing of a change older is deemed r order of the b	gning below, I board shall ma e of mailing or I to have cons oard mailed o	affirm that I have rea aintain a current mail electronic mailing ac ented to service of n r delivered to the ma	ad and unders ing and elect ddress. As a o otice or order iling address	stand <u>KRS 311A.105</u> which states: "Any person as defined in <u>KRS 446.010</u> ronic mailing address with the office of the board and immediately notify the condition of holding a license or certification from the board, a licensee or rs of the board at the mailing address on file with the office of the board, and on file with the board constitutes valid service of the notice or order."
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*Signature Username: jgage1 Password:	Furthermore responsibility	e, I understand y and not the re	that continued	certification and/or I my employer or any	icensure with r third-party.	the Kentucky Board of Emergency Medical Services is my personal
Username: jgage1 Password:	*Signature					
Password:		Username:	jgage1			
		Password:				

- 10. Once submitted, you will get a notification by email that we have received your application. Please make sure the email on your account is active and/or accessible to you. All of our communication is done via email. Your application will not be completely processed until payment is received.
- 11. After completing the application, it will automatically send you to the payment section. It's recommended to make a payment on an application as soon as possible. If you need to get back to the payment section, select "**Applications**" then select "**Checkout**" which is shown below.

• • • •		Johnny Gage Logout
My Account	Available Applications	
Applications Continue 9	Begin a new application or click one of the links in the left menu to work with an application you have already begun.	
Checkout 2	My Applications Services Applications	
Transaction		
* Service	Gage Jr., Johnny Roderick (1125052) EMT Issue Date: 11/22/2022	
Inspections	Expiration Date: 12/31/2024	
Q. Lookup	Applications	Action
	Duplicate Provider Card	Apply Now

12. From there, a list of available applications you can pay on are available. Select any applicable applications and continue through the payment process. Please allow 2-3 business days for payments to be posted. Once a payment is processed, you will get an email notification that it's

been processed. To pay after selecting, you will select the 'Pay Now' and continue with payment information.

A My Account					Johnny Gage Logout			
	Checkout							
Applications	**Please read the following information	on carefully before makin	g a payment.**					
Continue 7	You will receive an email from KEMSIS when your payment has been processed with a receipt showing only the application fee required by 202 KAR 7:030.							
Checkout 1	KBEMS application fee and non-refundable transaction fee (2.95%) for electronic payments. The non-refundable transaction fee is for services provided to you by Kentucky.gov, a public-private partnership between the Commonwealth of Kentucky and Kentucky Interactive, LLC. None of the transaction fee is retained by KBEMS. KBEMS business hours are Monday through Friday, 8:00 A.M. to 4:00 P.M. Please allow 2-3 business days for applications to be processed before contacting our office about the status of an application. Applications meeting the regulatory requirements for KBEMS certification and/or licensure are typically processed the same day.							
Transaction								
* Services								
Inspections	If you do not see your application and fee listed below, return to the application in KEMSIS and make sure all sections of the application have been completed before contacting our office for assistance. The application will be in continue under applications if the application is incomplete. If you have any guestions, please submit a support form. Support inguiries are given priority and are answered regularly Monday through Friday, 8:00 A.M. to							
Q Lookup	4:00 P.M. Select the application(s) listed below that you will be paying and proceed with payment.							
	Certificate	Services	Application Date	Total Amount	Balance Due			
	2023 Provider Renewal		09/27/2023	\$140.00	\$140.00			
	Totals:			\$140.00	\$140.00			

- 13. For questions regarding navigating KEMSIS, please go to the Navigating KEMSIS instructions.
- 14. Any further questions that can't be answered by our website or guides, please get in touch with us through our <u>Contact Us page</u>. Select "Certification and Licensure" as the Subject.

🏋 Pay Now