



Training and Educational Institution (TEI)		OFFICE USE ONLY	
Initial Application		Form Received	
		Payment Received	\$
		Ck#	
		License Sent	

Training and Educational Institution (TEI) Information

Institution Name				
Primary Physical Address				
City	State		Zip	
Administrative Phone	Fax		County	
Mailing Address	<input type="checkbox"/> Check if same as Physical Address	Website		
Address				
City	State		Zip	

Classification (Please Select Classification)

<input type="checkbox"/>	TEI I	Emergency Medical Responder (EMR)
<input type="checkbox"/>	TEI II	Emergency Medical Technician (EMT) and Emergency Medical Responder (EMR)
<input type="checkbox"/>	TEI III	Advanced Emergency Medical Technician (AEMT), (EMT), and (EMR)
<input type="checkbox"/>	TEI IV	Paramedic, (AEMT), (EMT), and (EMR)
<input type="checkbox"/>	CE	Continuing Education Only

Contact Information

TEI Owner		Title	KEMSIS # (If applicable)
Address		Email	
City		Phone	
State	Zip	Mobile	
Operator		Title	KEMSIS # (If applicable)
Address		Email	
City		Phone	
State	Zip	Mobile	
Chief Administrative Officer		Title	KEMSIS # (If applicable)
Address		Email	
City		Phone	
State	Zip	Mobile	
Agent for Receiving Service		Title	KEMSIS # (If applicable)
Address		Email	
City		Phone	
State	Zip	Mobile	
Program Coordinator		Title	KEMSIS # (If applicable)
Address		Email	
City		Phone	
State	Zip	Mobile	
Medical Director		License #	Expiration Date
Address		Email	
City		Phone	
State	Zip	Mobile	

Signature

I agree that this service in all aspects of its operation shall be open to inspection of the Kentucky Board of Emergency Medical Services and the Commonwealth of Kentucky. I certify that the information given in this application is accurate to the best of my knowledge and recognize that falsification of this application may result in revocation of license(s).

Signature of Authorized Representative Title Date