



Kentucky Board of Emergency Medical Services

Clinical Pilot Program Application

Throughout this application, if any read-only fields contain incorrect data, you have any questions, or need any other assistance with completion,

[Contact KBEMS staff](#) prior to proceeding further with the application process.

Agency Demographics

Agency / Service Name

Agency / Service License Number

Service Classification

- ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI ☐ VII ☐ VIII ☐ TEI ☐ EMS-TEI 1 ☐ EMS-TEI 2 ☐ EMS-TEI 3
- ☐ EMS-TEI 4 ☐ EMS-TEI CE ☐ Unlicensed

Required Attachments

202 KAR 7:565 Section 1 (2)(a) states: A licensed agency seeking authorization for a clinical pilot program shall submit a Pilot Program Application that includes a:

1. Letter of intent;
2. Description of the type of pilot project;
3. General project description;
4. Patient Interaction Plan;
5. Staffing Plan;
6. Training and Education Plan;
7. Medical Direction and Quality of Improvement Plan;
8. Data Collection and Quantitative Reporting;
9. Written confirmation of research approval from an Institutional Review Board (IRB) within the Commonwealth, if applicable; and
10. Nonrefundable application fee of \$500.

Use the Proposal Documents section below to attach all of the appropriate material reference above.

Proposal Documents

[Upload File](#)

Name

Proposal Document

Document Type

Agency - Pilot Program Document

Payment Section

Please assist KBEMS by answering a few question about Payment Options.

Payment Type

- ☐ Credit Card
- ☐ Check
- ☐ Money Order
- ☐ Other

If payment method will be other than online, via credit card, when do you plan to submit payment?

Do you need an invoice emailed in order to initiate payment?

- ☐ Yes
- ☐ No

If requesting an invoice via email delivery, please allow two business days for delivery, after submission of the application.

Credit card payment will be possible after submission of this application. Successful payment will move the application into the review process.

Signature and Submission

This declaration is an affirmation that this agency and all aspects of its operation shall be open to the inspection and surveillance of the Kentucky Board of Emergency Medical Services and the Commonwealth of Kentucky. I certify that the information provided in this application is accurate and true to the best of my knowledge and recognize that falsification of this application may result in revocation of licensing.

By signing below, I affirm that I understand KBEMS will use electronic (email) communications as the primary method to communicate with EMS Agencies and Responders. I shall ensure that my email address on file in KEMSIS is current, accessible, and checked regularly, in accordance with [KRS311A.105](#).

Signature