



Training and Educational Institution (TEI)	
	Initial
	Upgrade
	Renewal

Training and Educational Institution (TEI) Information

Name				
Address				
City	State	Zip		
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 1	Emergency Medical Responder (EMR)
<input type="checkbox"/>	TEI 2	Emergency Medical Technician (EMT) and Emergency Medical Responder (EMR)
<input type="checkbox"/>	TEI 3	Advanced Emergency Medical Technician (AEMT), (EMT), and (EMR)
<input type="checkbox"/>	TEI 4	Paramedic, (AEMT), (EMT), and (EMR)
<input type="checkbox"/>	CE	Continuing Education Only

Contact Information

Administrator		Title	KEMSIS # (If applicable)
Address		Email	
City		Phone	
State	Zip	Mobile	
Coordinator		Title	KEMSIS # (If applicable)
Address		Email	
City		Phone	
State	Zip	Mobile	
Medical Director		Title	KEMSIS # (If applicable)
Address		Email	
City		Phone	
State	Zip	Mobile	

Signature

I agree that this service and all aspects of its operation shall be open to inspection of the Kentucky Board of Emergency Medical Services as authorized in 202 KAR 7:601 Training, education, and continuing education regulation. By signing below, I certify that the information contained in this application is accurate and recognize that falsification of this application may result in revocation of TEI certification.

Signature of Authorized Representative Title Date