AFFIDAVIT OF EDUCATIONAL INSTITUTION REPRESENTATIVE

I affirm that the information contained in this application is accurate and complete to the best of my knowledge. I understand that incomplete, inaccurate or false information may result in failure to have the training course approved, withdrawal of approval of the training course, and/or failure of students enrolled in the training course to act as trainees, graduate, or to become licensed/certified pursuant to current regulations.

I further understand that the Kentucky Board of Emergency Medical Services or its representative may inspect the training course during the conduct of the class to determine the quality of the class and the adherence of the education institution to the applicable statutes and administrative regulations.

Educational Institution Representative	Signature	Date
Course Coordinator	Signature	Date
Medical Director	Signature	Date

Subscribed and sworn before me by _____,
this _____ day of , _____ 20___.

State of _____)
) ss
County of _____)

_____
Notary Public

My Commission Expires _____

All returned checks shall be subject to a processing charge in the amount of Twenty-Five Dollars ($25.00). In addition, any applicant or licensee issuing a check which is returned shall be deemed to have violated KRS 311A.050(2)(a). That person shall be sanctioned which may result in a fine, suspension, or license revocation.

KBEMS - 08/2008