



EMS Course Summary Report

(To be sent to KBEMS within 2 weeks of course completion)

Date of Report: _____

Name of Training and Educational Institution: _____

Course Number: ___ - ___ - ___ - FR - B - P - EI - CE - Z (Circle One)

Chief Administrative Officer Name & Phone #: _____

Medical Director (if required) Name & Phone #: _____

Program Coordinator Name & Phone #: _____

The location for this course: _____

Course starting date: _____ Course ending date: _____

Instructor Name: _____

Instructor Certification Number: _____

Instructor Phone Number: _____

Instructor Email Address: _____

Signature of Program Coordinator
Or Instructor

Date

Complete the student roster sheet.

Within two (2) weeks of course completion, complete and return the Course Summary Report to the KBEMS office.

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