



EMS-TEI AFFIDAVIT AGREEMENT RENEWAL FORM

By signing this agreement, I agree, as a training and educational institution, to follow all statutes of Kentucky pertaining to EMS and all regulations promulgated by the Kentucky Board of Emergency Medical Services, pertaining to educational institutions and instructors. Further, I agree to use approved and current National Department of Transportation Curriculum as listed below.

Please complete all agency information and check the courses that will be provided by your institution.

<p>Section 1: Institution Name: _____ Institution #: _____ Chief Administrative Officer: _____ Program Coordinator: _____</p>
<p>Section 2: <input type="checkbox"/> First Responder Initial Course <input type="checkbox"/> 1995 National Department of Transportation Curriculum <input type="checkbox"/> Cabinet for Health Services Approved HIV/AIDS Course <input type="checkbox"/> All Supplemental Curriculum from www.kbems.kctcs.edu website (required by regulations)</p>
<p>Section 3: <input type="checkbox"/> First Responder Refresher/Transition <input type="checkbox"/> 1996 National Department of Transportation Curriculum Refresher</p>
<p>Section 4: <input type="checkbox"/> EMT-Basic Initial <input type="checkbox"/> 1994 National Department of Transportation Curriculum <input type="checkbox"/> Cabinet for Health Services Approved HIV/AIDS Course <input type="checkbox"/> All Supplemental Curriculum from www.kbems.kctcs.edu website</p>
<p>Section 5: <input type="checkbox"/> EMT-Basic Refresher Course <input type="checkbox"/> 1996 National Department of Transportation Refresher Curriculum</p>



<p>Section 6: <input type="checkbox"/> Paramedic</p> <p><input type="checkbox"/> 1998 National Department of Transportation Curriculum</p> <p><input type="checkbox"/> Cabinet for Health Services Approved HIV/AIDS Course</p> <p><input type="checkbox"/> Determination of Death Class</p>
<p>Section 7: All instructors must meet the regulations found in:</p> <p><input type="checkbox"/> 202 KAR 7:601 (EMT-Basic Course Instructors/Trainers) (EMS Educational Institutions) (Paramedic Training)</p>
<p>Section 8: Continuing Education:</p> <p><input type="checkbox"/> Intend to provide continuing education classes</p>

I hereby swear or affirm that the information contained in this agreement is true and accurate to the best of my knowledge this _____ day of _____, 20____.

By: _____

Title: _____

STATE OF _____)

COUNTY OF _____)

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

My Commission Expires: _____

Notary Public

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