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|---------------------------|
| For KBEMS Use ONLY |
| Check/MO #: _____ |
| Amount: \$ _____ |
| Edu Inst #: _____ |
| Issued: _____ |
| Expires: _____ |

EDUCATIONAL INSTITUTION APPLICATION FOR RENEWAL

1. Institution Name: _____ Institution #: _____

2. Institution Mailing Address: _____

3. Institution Physical Address: _____

4. Chief Administrative Officer: _____ 5. Program Coordinator: _____

Phone #: _____

Phone #: _____

Fax #: _____

Fax #: _____

Email: _____

Email: _____

6. Lead Instructor: _____ 7. Assistant Instructor(s): _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

8. Medical Director: _____

Phone #: _____

Email: _____

9. _____ Provide a copy of the institutions Admissions Policies and Procedures.

10. _____ Submit a copy of the course syllabus. (Re-submit when revised)

11. Indicate the training course levels to be taught:

| | |
|-------|----------------------|
| _____ | EMT-First Responder |
| _____ | EMT-Basic |
| _____ | EMT-Paramedic |
| _____ | Continuing Education |

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