

## Kentucky Board of EMS Check Payment Register for Individuals

If you are paying for an Individual Provider certification application by check, you must submit this form with your check. If you are paying for multiple applications, please list each item individually below. Please read the instructions given to ensure accurate information is received.

**Note: Partial payments will not be accepted. Checks must be for the full application fee amount.**

### Instructions

**Individual Name:** List the individual's full legal name.

**Individual DOB:** List the individual's date of birth.

**Individual KEMSIS Number:** List the individual's KEMSIS number. If you have not been issued a KEMSIS number, leave this column blank.

**Application Date:** List the date the application was completed.

**Application Name/Type:** List the type of application you are paying for. (ex: EMT Initial, EMT Reciprocity, EMT Reinstatement)

**Application Fee Amount:** List the amount due for the application.

**Check Number:** If separate checks are sent for each application, please list the check number that correlates to the application.

Individual Name	Individual DOB	Individual KEMSIS Number <i>(if applicable)</i>	Application Date	Application Name/Type	Application Fee Amount	Check Number

<b>Total Paid</b>	
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