



# Paramedic Checklist

**Section A: All Paramedic Applicants must submit the following items:**

	Must NOT have been found guilty of, entered a guilty plea, or Alford plea to a felony offense or have completed a diversion program for a felony offense or been subjected to discipline that would prevent certification at the time of application. (DO NOT PROCEED UNTIL YOU HAVE CONTACTED <a href="mailto:KBEMSLegal@kctcs.edu">KBEMSLegal@kctcs.edu</a> <a href="http://krs311a050.com">KRS 311A.050</a> )
	Must be 18 years of age or older
	A completed Paramedic Application through your <a href="#">KEMSIS account</a> .
	Current Cardiopulmonary Resuscitation (CPR) for the Healthcare Provider Certification ( <a href="#">AHA</a> , <a href="#">ASHI</a> , <a href="#">ARC</a> , <a href="#">NSC</a> , <a href="#">AAOS/ECSI</a> )
	Completion of CHFS approved <a href="#">HIV/AIDS Course</a> Available courses are listed here: <a href="http://chfs.ky.gov/dph/epi/hivaids/professionaleducation.htm">http://chfs.ky.gov/dph/epi/hivaids/professionaleducation.htm</a>
	Motor Vehicle Operators License (Driver's License) from a US State or Territory
	High School Diploma / General Education Development (GED), or High School/College Transcripts with graduation date.
	Current Advanced Cardiac Life Support (ACLS) Certification ( <a href="#">AHA</a> , <a href="#">ASHI</a> )
	Background Check less than 6 months old <ul style="list-style-type: none"> <li>• KBEMS <b>ONLY</b> uses Castle Branch for any new applicant in Kentucky. You must link directly to KBEMS specific CastleBranch Background Check from the <a href="#">KBEMS website</a> or the link is provided below. Background check MUST be less than 6 months old at the time of application.</li> <li>• CastleBranch link: <a href="https://portal.castlebranch.com/kd28">https://portal.castlebranch.com/kd28</a></li> <li>• If you <b>have ever been certified</b> by the state of Kentucky, you can submit a background check that is less than 6 months old through the Administrative Office of the Courts (AOC) through this link: <a href="http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx">http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx</a></li> </ul>

**Section B: Initial – Applicants applying for the first time from a Kentucky approved course must submit the items from Section A and Section B**

	NREMT-P Certification
	Paramedic Course Completion Form <a href="#">KBEMS-E19</a>
	<a href="#">Determination of Death Certification</a>
	Initial Fee \$75.00 Total (\$65.00 Initial Certification Fee + \$10.00 Application Fee)

**Section C: Temporary – Applicants applying for temporary status must submit items from Sections A and Section C**

	Current Paramedic certification from another state OR National Registry Paramedic (NREMT-P)
	Temporary Fee \$200 Total (\$125.00 Temporary Fee + \$65.00 Certification Fee + \$10.00 Application Fee)
	***Temporary certifications are only good for six (6) months and are not renewable***

**Section D: Reciprocity – Applicants applying for reciprocity must submit items from Section A and Section D**

	Current National Registry Paramedic (NREMT-P)
	<a href="#">Determination of Death Certification</a>
	Reciprocity Fee Submitted \$200.00 Total (\$125.00 Reciprocity Fee + \$65.00 Certification Fee + \$10.00 Application Fee)

**Section E: Reinstatement- Applicants applying for reinstatement must submit items in Section A and Section E**

	Must be within five (5) years of your Kentucky expiration date.																		
	<a href="#">Determination of Death Certification</a>																		
	Fees Submitted \$275.00 Total (\$150 Reinstatement Fee + \$65.00 Certification Fee + \$10.00 Application Fee + \$50.00 Late Fee)																		
	60 Continuing Education Requirements (See Below)																		
	<p>Within twelve (12) months preceding application for reinstatement, Evidence of successful completion of the National Standard Curriculum for Emergency Medical Technician Paramedic Refresher Course</p> <p><b>OR</b></p> <p>Continuing Education hours that meet the requirements of the curriculum</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="width: 50%; text-align: center;">30 Hours in Mandatory Subjects</th> <th style="width: 50%; text-align: center;">30 Elective Hours from Mandatory or Below Subjects</th> </tr> </thead> <tbody> <tr> <td>Two (2) Preparatory</td> <td>Airway, Breathing and Cardiology</td> </tr> <tr> <td>Four (4) Airway Management</td> <td>Medical Emergencies</td> </tr> <tr> <td>Five (5) Cardiac Management</td> <td>Trauma</td> </tr> <tr> <td>Four (4) Medical or Behavioral Emergencies</td> <td>Obstetrics and Pediatrics</td> </tr> <tr> <td>Five (5) Trauma</td> <td>Operational Tasks</td> </tr> <tr> <td>Two (2) Obstetrics or Gynecology</td> <td></td> </tr> <tr> <td>Five (5) Pediatrics</td> <td></td> </tr> <tr> <td>Three (3) Operations</td> <td></td> </tr> </tbody> </table>	30 Hours in Mandatory Subjects	30 Elective Hours from Mandatory or Below Subjects	Two (2) Preparatory	Airway, Breathing and Cardiology	Four (4) Airway Management	Medical Emergencies	Five (5) Cardiac Management	Trauma	Four (4) Medical or Behavioral Emergencies	Obstetrics and Pediatrics	Five (5) Trauma	Operational Tasks	Two (2) Obstetrics or Gynecology		Five (5) Pediatrics		Three (3) Operations	
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Notice: All return 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.