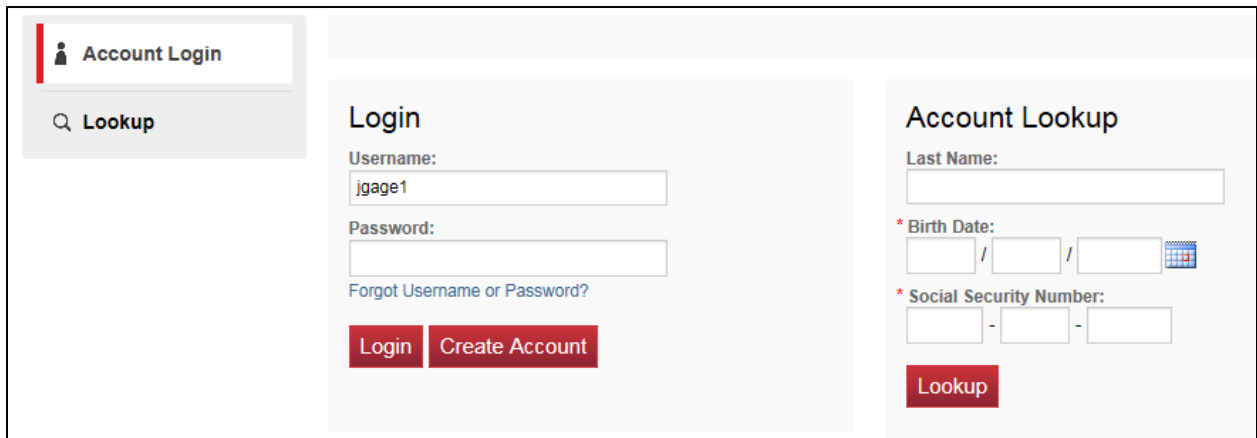


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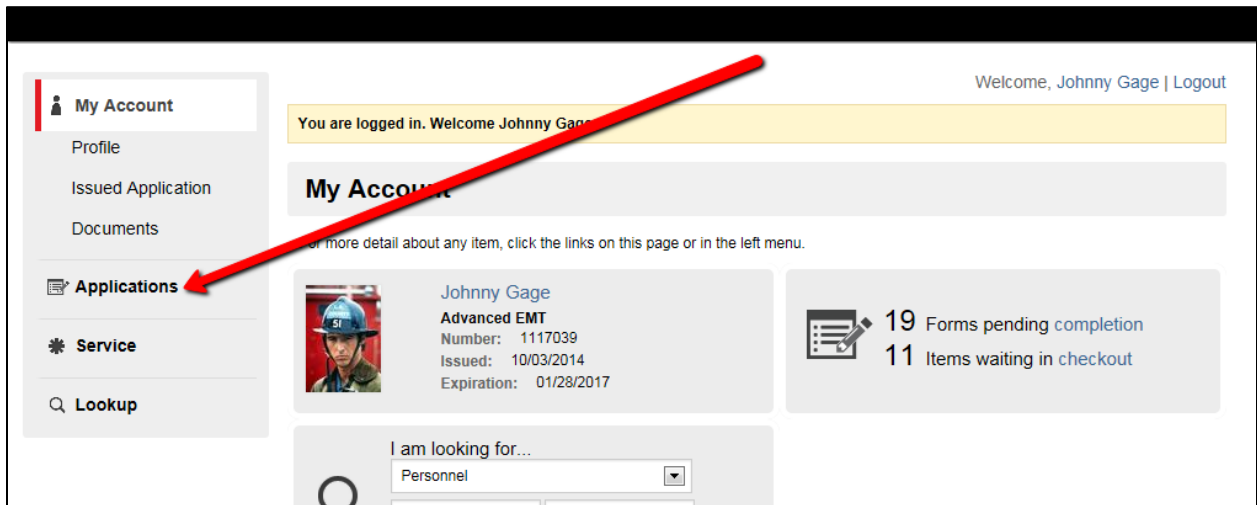
1. Open your Internet browser and navigate to <http://www.kyems.com>. Look for and click the gold KEMSIS hexagon located on the middle of the page.



2. At the KEMSIS login page, enter your Username and Password into the corresponding boxes and click the red Login button. If you are not familiar with your Username and/or Password, use the Forgot Username or Password link on this page.



3. After successfully logging into KEMSIS, select the Application tab on the left hand navigation.



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- You may be prompted to select applications for yourself or a service. In this case, select View My Applications, otherwise proceed to Step 5.

- On the list of available applications, locate the 2017 Provider Renewal and click the red Apply Now button. It may take a few moments for the page to load.

- Inside the application, your provider level(s) will be prepopulated based on your current certifications and/or licenses and endorsements. You'll also be prompted to complete any missing demographic information. Please note your city, county, and state are populated by the postal code lookup.

Level	Initial	Renewal	Reinstatement	Reciprocity	Temporary
EMR					
EMT					
AEMT		<input checked="" type="radio"/>			
Paramedic					
Critical Care Endorsement		<input checked="" type="radio"/>			
Educator I					
Educator II					
Educator III					
Level IIIIR		<input checked="" type="radio"/>			
Educator IIIIR					
Evaluator I					
Evaluator II					
Evaluator III					

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7. There are nine questions regarding your background and legal standing that must be answered before the application is submitted. If you have answered “YES” to any of these questions, you must submit comprehensive documentation regarding the events noted in your application by email to [kbemslegal@kctcs.edu](mailto:kbemslegal@kctcs.edu).
8. If you are currently working as an EMS provider and would like your agency’s director and operations staff to receive a copy of your renewal, select the agency from the Service Name drop down list in the Agency Affiliation section. This is not required, and may only be selected for a single entity. Pay attention to the agency you select, as many look very similar.

**Agency Affiliation**

If you are affiliated with a Kentucky Licensed EMS Agency or Training and Educational Institution (TEI); Please select your **PRIMARY** EMS Agency. This information will allow your director to receive a copy of your card automatically upon your renewal.

Please make sure you select the appropriate one. (i.e. Bullitt County EMS and Bullitt County EMS TEI look very similar)

If not, please move to the next section.

Service Name (This is NOT required):

EMERGENCY! (Test Agency)

9. Read the Applicant Declaration section and take note that you must complete continuing education requirements prior to December 31, 2017. You are not required to submit any continuing education documentation at the time of renewal, and will be contacted via email if selected for random audit after January 1, 2017.
10. Enter your KEMSIS username and password followed by clicking the red Save and Submit button.

\* Username :

\* Password :

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11. At this point, your application has been submitted and you will receive confirmation of this action via email along with a reminder to make payment. **An application is not complete without payment.** If you wish to pay online using a credit or debit card, continue to Step 13, otherwise mail your payment with KEMSIS number noted on the memo line to:

KBEMS  
118 James Ct., Suite 50  
Lexington, KY 40505

Once we have received your mailed payment, a confirmation of the payment will be sent via email. A separate email containing a PDF copy of your provider card will be sent at the same time. The physical card will be mailed in the order applications are processed and may take several weeks.

**THIS IS THE END OF THE INSTRUCTIONAL DOCUMENT UNLESS YOU ARE MAKING ONLINE PAYMENT**

12. Your renewal application will appear in the Checkout section of KEMSIS. There may be more than one application here – make sure any applications you intend to pay are checked. Click the red Pay now button.

Certificate	Application Date	Total Amount	Balance Due
<input checked="" type="checkbox"/> 2015 Renewal Application	07/15/2015	\$130.00	\$130.00
<b>Totals:</b>		<b>\$130.00</b>	<b>\$130.00</b>

Pay now

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13. Complete the Payment Detail page and click the red Submit Transaction button. Do not click the Submit Transaction button more than once; it may take up to three minutes for your payment to process.

The screenshot shows a payment form with three main sections: Account, Billing, and Shipping. A red arrow originates from the 'Submit Transaction' button at the bottom left and points diagonally upwards to the 'Totals' row in the 'Certificate' table.

Account	Certificate	Amount
* Payment Method: Credit Card	2015 Renewal Application	\$130.00
* Credit Card Type: Visa	Totals:	\$130.00
* Card Number: 123456789012		
Expiration Date: July 2015		
* Security Indicator: 123		
<b>Billing</b>		
* Purchaser's Full Name: John Gage		
* Billing Address: 118 James Ct. Suite 50		
* City: Lexington		
* State: Kentucky		
* Postal Code: 40505		
Phone: 859 - 258 - 3572		
Email: jgage@gmail.com		
<b>Shipping</b>		
<input checked="" type="checkbox"/> Same As Billing		
* Shipping Address: 118 James Ct. Suite 50		
* City: Lexington		
* State: Kentucky		
* Postal Code: 40505		
<b>Submit Transaction</b>		

14. Upon successful payment, you will receive three emails. The first is a receipt for the card transaction. The second is a payment acknowledgement. The third contains your updated provider card as a PDF document. The physical card will be mailed in the order applications are processed and may take several weeks.

**THIS IS THE END OF THE INSTRUCTIONAL DOCUMENT**