



KBEMS Use Only: Ck /MO# _____ Amount \$ _____
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Renewal Application

I am renewing my: First Responder # _____ (\$10) ♦ EMT # _____ (\$20) ♦ Paramedic # _____ (\$40)*

And my: Level I Instructor# _____ (\$70) ♦ Level II Instructor# _____ (\$70)** ♦ Level III Instructor# _____ (\$70)

Endorsements: Evaluator Endorsement: Level I _____, Level II _____, Level III _____ ♦ Critical Care Endorsement _____

*Paramedic fee covers EMT fee

**Level II Instructor fee covers Level I Instructor fee

Birth Date _____ Sex (M/F) _____ Social Security Number _____

Name: Last _____ First _____ MI _____ (Maiden) _____

Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone _____ Email address _____

Are you employed by an EMS service on any of the following basis? _____ Full-Time _____ Part-Time _____ Volunteer

If so, please list the name(s) of the service(s) _____

The following questions must be answered:

1. Have you ever been convicted of a felony, pled guilty to a felony, entered into an Alford plea to a felony, or participated in a diversion program for a felony? No _____ Yes _____
2. Have you been convicted of a misdemeanor or DUI in the past 5 (five) years? No _____ Yes _____
3. Have you ever been cited for a moving violation while operating an emergency medical vehicle? No _____ Yes _____
4. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? No _____ Yes _____
5. Are you currently in default on any school loans? No _____ Yes _____
6. Have you at any time had your certifications(s) or registration(s) in Kentucky or any other state as an Instructor, First Responder, EMT, Paramedic, Registered Nurse or Physician restricted, revoked, denied, suspended or expired? No _____ Yes _____
7. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of an EMT? No _____ Yes _____
8. Do you have a physical, mental or other disability for which you are requesting a medical restriction or special accommodation under the Americans With Disabilities Act (ADA) or a condition that would prevent you from safely performing the duties of a First Responder, EMT or Paramedic? No _____ Yes _____
9. If you marked yes on any of the above questions, have you reported this to the KBEMS Office in writing? No _____ Yes _____

If you answered 'Yes' to any of the above questions, you must attach an explanation on a separate sheet including copies of court documents, disciplinary actions, or physician's statement, if applicable.

(over)

KBEMS 6/2008

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