

APPENDIX III

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTH OCCUPATIONS CREDENTIALING

Course Information Sheet

Course Type (Select then press Tab to continue):

Course Delivery Type (Select then press Tab to continue):

**Students must pass an 8th grade reading level comprehension test before enrolling in these courses.

Primary Instructor Name: _____

Current Address: _____
Street City State Zip

Current Phone Number: _____ E-Mail address: _____

Instructor ID# _____ KS RN Licensure Expiration Date _____

Sponsor Name: _____ Facility/School ID # _____

Address: _____
Street City State Zip

Current Phone Number: _____ E-Mail address: _____

Classroom: _____

Address: _____
Street City State Zip

Clinical: _____ Facility ID # _____

Address: _____
Street City State Zip

Course Begins _____ Course Ends _____

Class Days & Times _____

I hereby attest that the information supplied above is accurate and complete. I have verified that the clinical facility does not have a ban on training and that the instructor is approved for the type of course and has a current license.

Coordinator Signature

Date

Instructor Signature

Date

DEPARTMENT USE ONLY

Clinical Site Approved Yes No ____/____/____ Course Approval Number _____