THE COUNTY OF CHESTER

COMMISSIONERS
Michelle Kichline
Kathi Cozzone
Terence Farrell

DEPARTMENT OF EMERGENCY SERVICES
Government Services Center
601 Westtown Road, Suite 012
West Chester, PA 19380-0990
(610) 344-5000 Fax (610) 344-5050
Website: www.chesco.org/des

To: All Candidates Seeking Pennsylvania EMS Certification by Endorsement

Enclosed please find instructions for the required paperwork for candidates seeking Pennsylvania EMS reciprocity. **NOTE**: If you have ever previously held a PA EMS certification, you are NOT eligible for certification by endorsement; you must apply for reinstatement – which is a different process.

EMS CERTIFICATION BY ENDORSEMENT APPLICATION
Please complete top section in its entirety.

EMS CERTIFICATION PROVIDER APPLICATION
Please refer to the enclosed "EMS Provider Certification Application Instructions" prior to completing the form. All reciprocity applicants are required to submit both a certified criminal history and an official driver's/driving record from their home State. The Pennsylvania Department of Health- Bureau of EMS, will consult with law enforcement officials to validate the accuracy of the information provided on this form, and will determine if reciprocity will or will not be granted on a case by case basis. All reciprocity applicants must also provide proof of an affiliation with a PA licensed EMS agency.

Once you have completed all of the forms, please return them along with copies of the following: proof of current non-PA EMS certification; current PA approved Healthcare Provider CPR card; current PA approved EVOC certificate (for EMSVO applicants only); certified criminal history and driver's record from your home state. Once received, we will forward your Verification of Status Form to your home state for verification. Once the completed Verification of Status Form is returned, we will contact you to schedule an appointment to complete the process at our office. We must verify your identity in person, and you will need to bring two forms of identification, one of which must be a government issued photo ID.

Please feel free to contact us with any questions or concerns.

Harry Moore
(P) 610-344-5049
(F) 610-344-5063
hemoore@chesco.org

Heather Gulsby-Steiner
(P) 610-344-5009
(F) 610-344-5063
hgulsbysteiner@chesco.org

(Rev. 12-16)

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EMS Provider Reciprocity Application

Last Name:_____ First:_____ MI:___

Address: _____

_____

DOB: _____ S.S. #: _____

Phone: _____ E-mail: _____

Current EMS certification is from which State/Entity:_____

Certification #: _____ Level: _____ Exp. Date: _____

Applicant must return the following required paperwork in the envelope provided:

- ❒ Completed EMS Reciprocity Application
- ❒ Completed EMS Provider Certification Application*
- ❒ Certified Copy of Criminal History from state you reside and all state where EMS certification is held
- ❒ Official Driver's/Driving Record from Home State
- ❒ Completed Verification of EMS Practitioner Status for Endorsement Form
- ❒ Current non-Pennsylvania EMS certification card
- ❒ Two forms of ID, one of which must be a Government issued photo ID
- ❒ Current PA approved Healthcare Professional CPR card
- ❒ PA Approved EVOC Certificate and current Driver's License – for EMSVO Applicants Only

* Applicants with a positive criminal and/or driving history cannot be processed until cleared by the Pennsylvania Department of Health-Bureau of EMS.

FOR REGIONAL COUNCIL STAFF USE ONLY

- ❒ Completed application and paperwork received, [date/initials]: _____
- ❒ Verification form sent to certifying state: _____
- ❒ Completed verification form received from certifying state: _____
- ❒ Candidate contacted for appointment: _____
- ❒ Candidate completed electronic student application, photo and signature acquired: _____
- ❒ Reciprocity completed, PA certification #: _____

(Rev.3-17)

pennsylvania
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES

Emergency Medical Services
Certification by Endorsement Application
(Please print legibly)

SECTION A – PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Suffix (Jr, Sr, II, III)

Physical / Mailing Address	City	State	Zip Code

Home / Primary Telephone Number	Work / Alternate Telephone Number	Email Address

Date of Birth	Gender	Country	Race

Education Level

☐ Less Than High School ☐ High School ☐ Post High School ☐ College Grad

SSN	County of Residence	PA Regional EMS Council or County of Application

SECTION B – CERTIFICATION

LEVEL OF PA EMS CERTIFICATION YOU ARE REQUESTING (Check Applicable Box)

☐	Emergency Medical Responder (EMR)	☐	Pre-Hospital Physician Extender (PHPE)
☐	Emergency Medical Technician (EMT)	☐	Medical Command Facility Medical Director
☐	Advanced Emergency Medical Technician (AEMT)	☐	Medical Command Physician
☐	Paramedic (P)	☐	EMS Agency Medical Director
☐	Pre-Hospital Registered Nurse (PHRN)	☐	Regional EMS Medical Director
☐	Pre-Hospital EMS Physician (PHP)	☐	Other Print Below

PLEASE NOTE Any level above Paramedic must be licensed by the Pennsylvania Department of State

HAVE YOU HELD OR CURRENTLY HOLD EMS CERTIFICATION IN PENNSYLVANIA

☐ NO ☐ YES If yes, please provide PA Certification Number

CERTIFICATIONS ISSUED BY UNITED STATES MILITARY OR OTHER STATES?

License / Certification Level	State	License / Cert No.	Issue Date	Expiration Date
License / Certification Level	State	License / Cert No.	Issue Date	Expiration Date
License / Certification Level	State	License / Cert No.	Issue Date	Expiration Date

INITIAL & CURRENT CERTIFICATION OBTAINED THRU MILITARY

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

Last Name_____ First Name_____

SECTION C – CRIMINAL HISTORY / CONVICTIONS

Failure to supply the Bureau with complete and factual criminal history documentation will result in a delay evaluating and processing your application and will therefore delay your eligibility for Pennsylvania EMS certification and may result in the Department taking action to deny, suspend or revoke your certification as a Pennsylvania Certified EMS Provider.

All applicants for EMS Certification by Endorsement are required to submit an official state certified criminal history from the state where you resided and all state(s) where you hold a current EMS certification. Your application for certification by endorsement in Pennsylvania cannot be evaluated and processed without this required information. If there are extenuating circumstances that will absolutely preclude your ability to meet this requirement, a letter of justification shall be submitted to the Bureau of EMS for a determination.

Background checks may be performed to verify the information you provide on this form. If you make a false statement, or fail to identify all relevant conditions, your application may be denied or disciplinary action may be initiated against you by the Department or a criminal justice agency. That action may impact any certification or recognition you have received or may receive from the Department.

If appropriate, you are encouraged to provide letters from probation/parole officers, past/present employer(s), clergy, doctors, warden, law enforcement officials, public officials, etc., evidence of rehabilitation, and/or records of good conduct or community service. This would only be additional supporting information. It cannot replace any of the other required documentation.

Have you ever been convicted of a crime other than a summary or similar offense?

☐ YES ☐ NO – Skip Section C

Include all offenses; a conviction includes a judgement of guilt, a plea of guilty, or a plea of nolo contendere.

- Intermediate Punishment Program (IPP) ***is*** considered a conviction.
- Accelerative Rehabilitative Disposition (ARD) *is **not** considered* a conviction.
- Probation without Verdict (PWOV) *is **not** considered* a conviction.

Include all offenses committed as a juvenile in which you were an adjudicated delinquent.

If you responded YES with a positive criminal history, the Bureau requires that you provide this office with certified copies of all of the following court documents with the County or the Clerk of Court's office seal or stamp on each document to verify that the documents are exact copies of the original documents from any state in which you have a conviction as outlined above

- ☐ **The Police Criminal Complaint, including the Affidavit of Probable Cause**
- ☐ **The Criminal Information or Indictment**
- ☐ **Guilty Plea Document or Jury/Court Document imposing a finding of guilty**
- ☐ **The Court's Sentencing Order**

Last Name_____ **First Name**_____

For juvenile cases, you may be required to submit copies of the above documents.

If you were convicted in a Federal court or another court not part of Pennsylvania's judicial system, provide documents equivalent to those referenced above, as well as a copy of the statute under which you were convicted.

Provide any alias / malden names

If you answered YES to the question above, please list your offense(s):

Offense	Date of Conviction	County of Conviction	State

Describe the circumstances surrounding the crime(s) for which you were convicted.

Explain how the passage of time since your conviction(s) should be considered in determining your present fitness to serve as an EMS provider.

What are you doing to avoid criminal activity and to improve yourself?

Do you believe you will not be involved with future criminal activity? Why?

Are you or were you on probation/parole? ☐ YES ☐ NO	Date of Completion/ Projected Completion
Probation/Parole Officer Name	Probation/Parole Officer Telephone Number

Last Name_____ **First Name**_____

City of probation/parole	County of probation/parole	State of probation/parole

Was court ordered counseling classes/evaluation part of your probation/parole?	☐ YES ☐ NO
If you have answered **YES** to the question above provide the type of court ordered sessions	
Are you going to counseling voluntarily?	☐ YES ☐ NO
If you have answered **YES** to the question above provide the type of voluntary sessions	

Name of Counselor	Telephone Number of Counselor

SECTION D – DISCIPLINARY ACTION DISCLOSURE

Have you been subject to disciplinary action or had a certification or license or authority to practice revoked, suspended or restricted?

☐ YES ☐ NO

If yes, provide circumstances of the disciplinary action

Last Name_____ First Name_____

SECTION E – SOCIAL SECURITY NUMBER DISCLOSURE

(IF YOU HAVE PROVIDED YOUR SOCIAL SECURITY NUMBER ON PAGE 1 SKIP THIS SECTION)

Pursuant to section 4304.1(a)(2) of the Domestic Relations Code, 23 Pa.C.S. § 4304.1(a)(2), government agencies are required to collect the Social Security Number of an individual who has one on any application for a professional or occupational license or certification. Any information collected pursuant to this section shall be confidential except as permitted by law. The information collected may be used in obtaining a criminal history record check of you and it may be provided to, and used by, the Department of Human Services, upon its request, or a court or domestic relations section solely for the purpose of child and spousal support enforcement and, to the extent allowed by Federal law, for administration of public assistance programs.

Section 2603 of the State Government Code, 71 P.S. § 2603, allows an individual applying for or renewing a professional or occupational license or certification to provide an alternate form of identification in lieu of a Social Security Number. Alternate forms of identification acceptable to the Bureau are an individual's Pennsylvania Driver's License Number or a Pennsylvania Non-Driver's Identification Card Number issued by the Pennsylvania Department of Transportation (PennDOT). **Out-of-state driver's license numbers or identification cards are not acceptable**.

Please note that if you provide a PennDOT identification number in lieu of your Social Security Number, the Department of Health is still required to obtain your Social Security Number pursuant to 23 Pa.C.S. § 4304.1(a)(2). The Department of Health will contact PennDOT and provide your PennDOT identification number in order to obtain your Social Security Number. The Bureau of EMS will not process your paperwork for certification until it receives your Social Security Number from PennDOT. Be aware that this will delay the issuance of any EMS certification to you for which you qualify.

In lieu of a Social Security Number, I am providing ☐ PA Driver's License ☐ PA Non-Driver's Identification Card

Name (as it appears on Driver's License / ID Card)	Number

Address (as it appears on card)

_____

By affixing my driver's license number or non-driver's identification number issued by the Pennsylvania Department of Transportation, I authorize the Pennsylvania Department of Transportation to release my Social Security Number to the Pennsylvania Department of Health for the limited purpose of complying with 23 Pa.C.S. § 4304.1(a)(2).

NOTICE Section 4904 of the PA Crimes Code provides that

(a) A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his official function, he

(1) Makes any written false statement which he does not believe to be true; or

(2) Submits or invites reliance on any writing which he knows to be forged, or otherwise lacking in authenticity.

(b) A person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made thereon are punishable.

If you do not have a Social Security Number, you must complete the "Waiver of SSN Verification Statement" before your paperwork will be forwarded to the Bureau of EMS for processing. Prior to the expiration of your initial certification period, you will be required to obtain and provide to the Bureau of EMS a Social Security Number or you will be required to obtain from the Social Security Administration (SSA) documentation showing that you have applied for a Social Security Number or a certification from the SSA that you are not eligible for one. If you are not eligible for a Social Security Number, you may be required to obtain an Individual Taxpayer Identification Number (ITIN) from the Internal Revenue Service before you will be granted EMS certification.

WAIVER OF SOCIAL SECURITY NUMBER VERIFICATION STATEMENT

This is to verify that I do not have a social security number for the following reason(s)

I verify that the statement made above is true and correct to the best of my knowledge, information, and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in disciplinary action and/or criminal charges.

I also acknowledge that I will provide the Bureau with my Social Security Number or other acceptable form of identification as soon as it is obtained. Further, I understand that I will not be permitted to reregister my certification, including upgraded certifications, until I have submitted acceptable verification to the Bureau. I further understand that I must submit this information before the expiration of the time period of my initial certification, regardless of whether I upgraded my initial certification.

Print Name

Signature Date

Last Name_____ First Name_____

SECTION F – WAIVER AND SIGNATURE

I hereby certify that the information provided in this form is **true and complete** to the best of my knowledge, information and belief. I further acknowledge that I am on notice of the fact that this information will be relied upon by a public official to perform official functions. I further acknowledge that I have read the above Notice and am aware that false statements that are made herein are punishable under the Pennsylvania Crimes Code. I authorize and hold harmless the Pennsylvania Department of Health to contact the law enforcement, correctional officers, present and past employers, counseling programs, and anyone specifically noted on this application and any other persons that might have information pertaining to my conviction(s). I further authorize these entities to release information as allowed by law related to my convictions. I agree to sign any waivers or authorizations from these entities to release information related to my convictions if they require I do so. I understand that if I am denied certification or have disciplinary sanctions imposed against me by the Department it may publish information of its action and reasons for its decision on its web page and to the federal government. I further understand that completion of an EMS course does not guarantee issuance of certification.

_____

Print Name

_____ _____

Signature Date

pennsylvania
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES

PENNSYLVANIA EMS AFFILIATION VERIFICATION

(Non-Resident Certification by Endorsement ONLY)

Applicant Legal Name	Last four digits of SSN

PA EMPLOYER IDENTIFICATION

To be completed by non-EMS agency employers which require PA EMS certification

Name			
Mailing Address			
City		State	Zip Code
Telephone Number	County		

PA EMS AGENCY / EDUCATIONAL INSTITUTE VERIFICATION

To be completed by principal official of requesting EMS Agency

Name		PA Affiliate Number
Mailing Address		
City	State	Zip Code
Telephone Number	County	

I verify that the candidate named on this form is currently an active certified EMS Provider holding employment or serving as a volunteer with this EMS agency, Education Institute or Pennsylvania based business or has been offered a position pending issuance of a Pennsylvania EMS Provider Certification and will be an active participant in the Pennsylvania EMS System.

Printed Name Principal Official	Principal Official Title	Date
Principal Official Signature	Day Telephone	Email address

This form is not required to be submitted with the application. A complete application will be processed for eligibility for certification. If it is determined you are eligible for certification, and if requested by you, a letter of eligibility shall be provided as evidence of pending certification. Once you have completed this form and submitted and have fulfilled all requirements, your Pennsylvania Department of Health, EMS certification will be issued.

pennsylvania
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES

Emergency Medical Services
Out of State EMS Provider Verification
(Please print legibly)

SECTION 1 – To Be Completed By Applicant

Last Name	First Name	Middle Initial	Suffix (Jr, Sr, II, III)

Mailing Address	City	State	Zip Code

SSN	Date of Birth	Pa Regional EMS Council or County of Application

SECTION 2 - To Be Completed By Agency Verifying License or Certification

State	State License/Certification Agency	License/Certification Number

License/Certification Level	Issue Date	Expiration Date

	Yes	No
Is license/certification based on National EMS Education Standards or the National Standard Curriculum?	☐	☐
Is this license/certification based on an endorsement or reciprocity from another State? If yes, identify the state if known below?	☐	☐
Is the license/certification active and considered valid in your State? If No, please describe why below.	☐	☐
Does your state review Criminal History checks?	☐	☐
Has your state ever taken disciplinary action against this applicant? If Yes, please describe why below.	☐	☐
To the best of your knowledge, was the applicant ever convicted of a felony or misdemeanor?	☐	☐

Printed Name State EMS Official	State EMS Official Title	Date

Signature	Phone	Email address

Last Name_____ First Name_____

Instructions for completing the *Emergency Medical Services Out of State EMS Provider Verification*

- ☐ 1. Section 1 – To be completed by applicant. Incomplete forms or endorsement packets will not be processed.
- ☐ 2. The applicant shall deliver or mail this form to the licensing /certifying state agency that issued the EMS certification being used to request this endorsement for certification in Pennsylvania. Do not send this to the PA Department of Health.
- ☐ 3. The applicant is responsible for any and all fees incurred in the verification of EMS Practitioner Status for Endorsement process.

Endorsing State EMS Agency

- ☐ 1. Section 2 – To Be Completed by the state agency verifying license/certification.
- ☐ 2. Please complete all requested information including signature and agency information.
- ☐ 3. Return the completed form to

Pennsylvania Department of Health
Bureau of EMS, Room 606
625 Forster St
Harrisburg, PA 17120-0701