

EMS Registry Job Aid for Certification by Endorsement

Before beginning the on-line application, please follow these instructions carefully.

1. **Out of State EMS Provider Verification Form**
 - a) print the attached form
 - b) complete Section 1
 - c) Submit the form to the State agency where you are requesting an endorsement from. If you only have National Registry certification, submit the form to National Registry.
 - d) The State agency/National Registry will complete the form and return to the PA Bureau of EMS Office. If the form is returned to you, do not open, but mail to the PA Bureau of EMS Office. The PA EMS Office will hold your form until your electronic application is received.

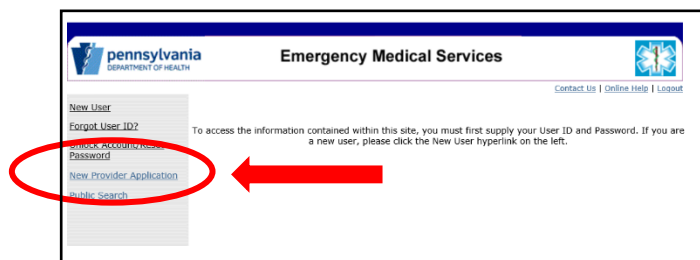
2. **Do you live outside of PA?** - If yes, print the attached EMS Affiliation Form. Give this form to your potential employer or Education Institute. You need to wait until they complete the form and return it to you before you can start the on-line application. PA EMS Certification for residents outside of PA requires you to be one of the following:
 - a) potentially employed by a PA Licensed EMS Agency OR
 - b) attending a PA Accredited EMS Education Institute OR
 - c) working for a PA employer who requires a PA EMS Certification as a condition of employment.

3. **State Certified Criminal History** – You are required to obtain a state certified criminal history from all states where you resided and all states where you hold a current EMS certification. If you have a positive criminal history, the on-line application will provide you with information regarding the additional documents you will need to mail separately to the PA Bureau of EMS Office.

4. **Before beginning the application, you must have the following documents available electronically** to upload into the application. You will not be able to save the application to complete and upload documents at a later time.
 - a) Current PA Approved CPR card (see attached list of approved courses)
 - b) Current NREMT and/or State EMS Certification Card
 - c) Completed EMS Affiliation Form
 - d) All State Certified Criminal History Clearances as outlined above

Instructions for Completing the On-Line Application

1. Using Internet Explorer, access the site: <https://ems.health.state.pa.us/emsportal/>
2. On the left hand side, click on “New Provider Application”.



3. In the “User Type” drop down box, select the level of certification you are requesting.

User Type:

- Emergency Medical Services Vehicle Operator (EMSVO)
- Emergency Medical Services Vehicle Operator QRS Only (EMSVO QRS)
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Paramedic (Paramedic)
- Pre-Hospital Registered Nurse (PHRN)
- Pre-Hospital Physician Extender (PHPE)
- Pre-Hospital EMS Physician (PHPE)
- Medical Command Physician (MC Physician)
- Agency Medical Director (Agency Med Dir)
- Facility Medical Director (MC Facility Med Dir)
- Regional Medical Director (Regional Med Dir)
- PHN Administration (Admin Access)

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4. Read the Functional Position Description. You will need to scroll within that box all the way to the bottom to click on “I have read and understand the Functional Position Description (FPD).”

**FUNCTIONAL POSITION DESCRIPTION FOR THE
EMERGENCY MEDICAL SERVICES VEHICLE OPERATOR
QUICK RESPONSE SERVICE (QRS)**

INTRODUCTION
Emergency Medical Services Vehicle Operator (EMSVO) is an individual who is certified by the department to operate a ground EMS vehicle exclusively for a Quick Response Service (QRS) operated by an EMS agency
QRS, is an operation in which EMS providers of an EMS agency respond to an actual, reported or perceived emergency and provides EMS to patients pending the arrival of other EMS providers and resources that have been dispatched to the scene

QUALIFICATIONS
The Department will certify as an EMSVO an individual who meets the following qualifications:

- Completes an application for EMSVO certification
- 18 years of age or older
- Must have a current driver's license
- Shall have no addiction to alcohol or drugs.
- Shall be free from physical or mental defect or disease that may impair the person's ability to drive a ground EMS vehicle
- Successfully completed an emergency vehicle operator's course of instruction approved by the Department.
- Has not been convicted within the last 4 years prior to the date of application of driving under the influence of alcohol or drugs.
- Have no convictions for reckless driving or had a driver's license suspended due to use of drugs or alcohol or a moving traffic violation within the last 4 years prior to the date of application
- Shall successfully completed an EVOIC following a disqualification from certification because of a conviction as identified above, regardless of whether the person successfully completed the course previously

RESPONSIBILITIES
The EMSVO is responsible:



Attends continuing education and refresher training programs as required by EMS agency, medical direction, and/or certifying agency.

Meets all qualifications within the functional position description of the EMT.

I have read and understand the Functional Position Description (FPD):



5. The screen will refresh; read the text and then click on “Continue to EMS Application.”

I have read and understand the Functional Position Description (FPD):

I have read and understand the Functional Position Description (FPD) for the level of certification selected above. I meet all the competencies listed on the FPD with or without reasonable accommodations and I have no other condition that would preclude me from safely and effectively performing all the skills and tasks of the certification level for which I am applying for as indicated above.

If an accommodation is required, I understand that I must complete the accommodation section on the application to be sent to the Bureau of Emergency Medical Services for consideration.



6. You will be directed to the Applicant Data – General Information Tab. Complete all fields in the General Information Tab. For the County of Residence: if you live out-of-state, choose the Out of Country/State PA Regional EMS Council you will be applying to.

Applicant Data

General Information | EMS Application | Education | Release and Consent

Applicant Data

Name: [First Name] [Last Name] [MI] [Select]

Address: [Street Address 1] [Street Address 2] [City] [Pennsylvania] [ZIP] [ZIP-4]

County of Residence: [Philadelphia | 51] [Pike | 52] [Potter | 53] [Schuylkill | 54] [Snyder | 55] [Somerset | 56] [Sullivan | 57] [Susquehanna | 58] [Tioga | 59] [Union | 60] [Venango | 61] [Warren | 62] [Washington | 63] [Wayne | 64] [Westmoreland | 65] [Wyoming | 66] [York | 67]

Phone Numbers: [Primary Phone] [Secondary Phone]

Email Address: [Email Address]

Date Of Birth: [Date Of Birth]

Social Security Number: [Social Security Number] In lieu of a Social Security Number, I am providing a PA drivers license, PA Photo ID, or VISA number

Gender: [Select Gender]

Race: [Select Race]

Educational: [Select Education]

Criminal History/Disciplinary Actions

NOTE: If you have previously reported a conviction or disciplinary action and you have been issued an Authorization Letter from the Bureau of EMS, DO NOT check YES below.

Yes No Have you ever been convicted of a crime other than a summary or similar offense?

Yes No Have you been subject to disciplinary action or had a certification or license or authority to practice any profession or occupation revoked, suspended or restricted?

Additional Information

Yes No Do you want to apply for Certification by Proficiency?

Yes No Accommodations are needed for EMS Provider Certification Examination.

Applicant Data

Name: [First Name] [Last Name] [MI] [Select]

Address: [Street Address 1] [Street Address 2] [City] [Pennsylvania] [ZIP] [ZIP-4]

County of Residence: [Philadelphia | 51] [Pike | 52] [Potter | 53] [Schuylkill | 54] [Snyder | 55] [Somerset | 56] [Sullivan | 57] [Susquehanna | 58] [Tioga | 59] [Union | 60] [Venango | 61] [Warren | 62] [Washington | 63] [Wayne | 64] [Westmoreland | 65] [Wyoming | 66] [York | 67]

Phone Numbers: [Primary Phone] [Secondary Phone]

Email Address: [Email Address]

Date Of Birth: [Date Of Birth]

Social Security Number: [Social Security Number] In lieu of a Social Security Number, I am providing a PA drivers license, PA Photo ID, or VISA number

Gender: [Select Gender]

Race: [Select Race]

Educational: [Select Education]

Criminal History/Disciplinary Actions

NOTE: If you have previously reported a conviction or disciplinary action and you have been issued an Authorization Letter from the Bureau of EMS, DO NOT check YES below.

Yes No Have you ever been convicted of a crime other than a summary or similar offense?

Yes No Have you been subject to disciplinary action or had a certification or license or authority to practice any profession or occupation revoked, suspended or restricted?

Additional Information

Yes No Do you want to apply for Certification by Proficiency?

Yes No Accommodations are needed for EMS Provider Certification Examination.

7. Social Security # - Enter your Social Security number. If you have a Social Security number, but choose not to provide it, check the appropriate box and enter either your ID number (PA driver's license or PA Photo ID) or VISA number. (Out-of-State driver's license or ID cards are not acceptable and you must provide your Social Security number). Another tab titled, "Disclosures" will populate and you will need to complete the information within this tab. Your application will not be processed until the PA Department of Health receives your Social Security number. This may possibly delay the issuance of your EMSVO Recognition.

In lieu of a Social Security Number, I am providing a PA drivers license, PA Photo ID, or VISA number

ID Number: [ID Number]

Visa Number: [Visa Number]

Applicant Data

General Information | EMS Application | Education | **Disclosures** | Release and Consent

8. If you do not have a Social Security number, check the appropriate box. Another tab titled, "SSN Waivers" will populate and you will be required to complete the waiver statement within this tab.

In lieu of a Social Security Number, I am providing a PA drivers license, PA Photo ID, or VISA number

ID Number: [ID Number]

Visa Number: [Visa Number]

I don't have a Social Security Number

Applicant Data

General Information | EMS Application | Education | Disclosures | **SSN Waivers** | Release and Consent

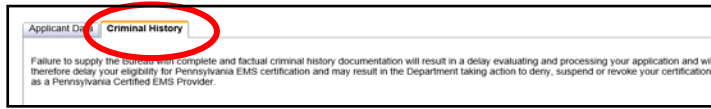
9. If you check "Yes" for Criminal History, another tab titled, "Criminal History" will populate and you will be required to complete and submit additional information within this tab. Please read this information carefully. If you have questions relating to convictions, click on the blue help bubble.

Criminal History/Disciplinary Actions

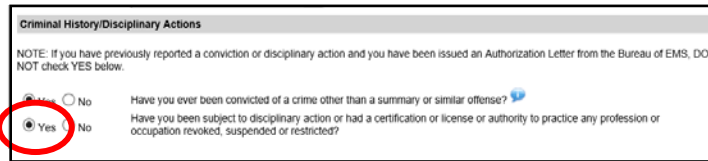
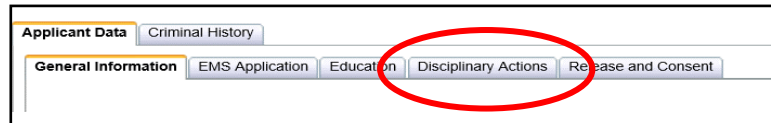
NOTE: If you have previously reported a conviction or disciplinary action and you have been issued an Authorization Letter from the Bureau of EMS, DO NOT check YES below.

Yes No Have you ever been convicted of a crime other than a summary or similar offense?

Yes No Have you been subject to disciplinary action or had a certification or license or authority to practice any profession or occupation revoked, suspended or restricted?



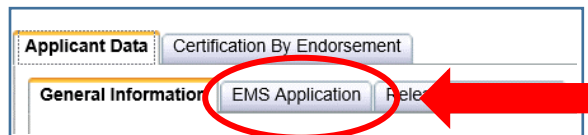
10. If you check “Yes” for Disciplinary Action, another tab titled, “Disciplinary Action” will populate and you will be required to complete additional information within this tab.

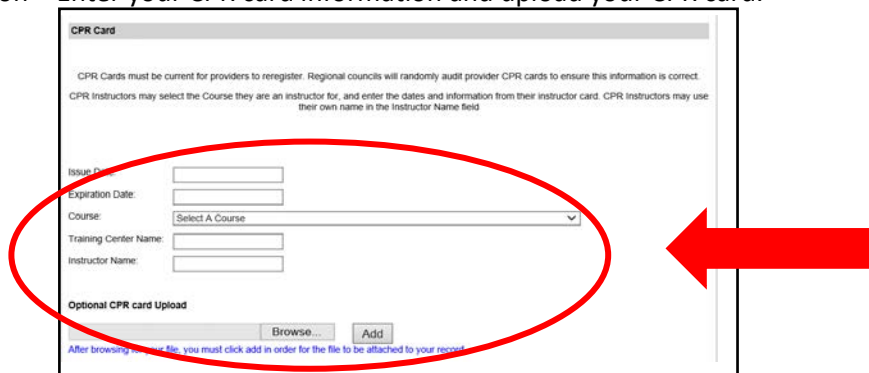
11. In the Additional Information section, check “Yes” for the Certification by Endorsement question.



12. Click on the EMS Application Tab.

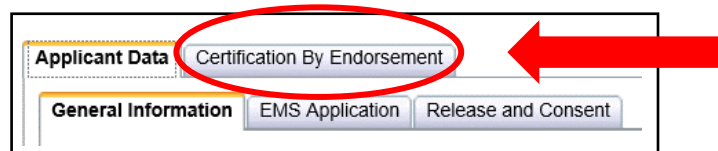


13. CPR Card Section – Enter your CPR card information and upload your CPR card.



14. Returning from or Current Active Duty Military – If this pertains to you, please complete.

15. Click on the Certification by Endorsement Tab.



16. Certification Card Section – Upload your certification card from NREMT and/or State you are requesting an endorsement.

Applicant Data Certification By Endorsement

Certification Card

Upload Copy of Certification Card from NREMT and/or state you are requesting an endorsement.

Browse... Add

After browsing for your file, you must click add in order for the file to be attached to your record.

17. Certification by Endorsement Documentation Section – If you live outside of PA, upload the EMS Affiliation Verification Form.

Certification By Endorsement Documentation

If you are requesting a Pennsylvania Department of Health EMS certification through the certification by endorsement process from an EMS certification held in another state, you must download, and complete the Out of State EMS Provider Verification form. Please follow the direction on the form, failure to do so will result in your request for certification being delayed or denied.

The Pennsylvania Dept. of Health will not issue a Pennsylvania EMS Certification to any person living outside the commonwealth unless that person is employed by or working for a Pennsylvania Licensed EMS Agency or an Accredited EMS Education Institute or a Pennsylvania employer who requires a Pennsylvania EMS Certification as a condition of employment. If you are requesting Certification by Endorsement and your home address is Out of State you must download, complete and return the EMS Affiliation Verification form. Failure to complete this form will result in your request for certification being delayed or denied.

Click here to download the Out of State EMS Provider Verification form.
Click here to download the EMS Affiliation Verification form.

Browse... Add

After browsing for your file, you must click add in order for the file to be attached to your record.

18. Certification by Endorsement Section – Select the State from where you are requesting endorsement from and enter the certification information. If you have National Registry certification, enter that information. If you have both a State certification and National Registry certification, enter your National Registry certification.

Certification By Endorsement

Enter the information of the certification for which you are applying for Certification By Endorsement below.

State: Select State

Certification Number: [input field]

Expiration Date: [input field]

NREMT Certification Number: [input field]

19. State Certified Criminal History Section – upload appropriate documents

State Certified Criminal History

Browse... Add

After browsing for your file, you must click add in order for the file to be attached to your record.

20. National Registry Certification Obtained through US Military – if this pertains to you, please complete.

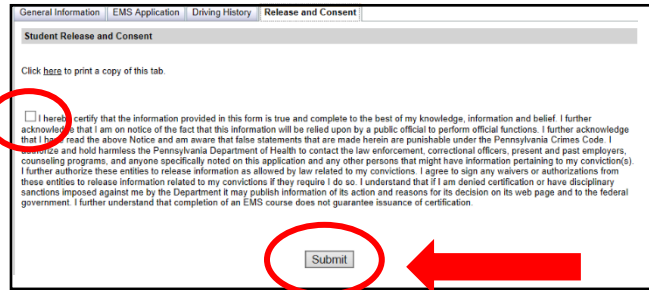
21. Click the Applicant Data Tab.

Applicant Data Certification By Endorsement

22. Another set of tabs will populate. Click the Release and Consent Tab.

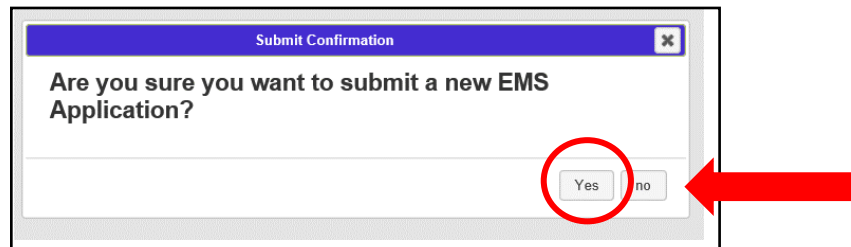


23. Read the Release and Consent Statement. Check the box. Click Submit.



24. If you have not completed required fields, a box will appear at the top of the application page indicating what fields you need to complete. Complete those fields, click on the Release and Consent Tab again and click Submit.

25. A message box will pop-up asking if you are sure you want to submit your application. Click yes. You will receive a message that your application is in progress. After your application has been submitted, the screen will refresh to the User Type screen. You will then receive an email indicating your application has been received and is being reviewed.



26. The Regional EMS Council and PA Bureau of EMS will review your application. When your application is reviewed and processed, you will receive an email indicating the status of your application and provide further instructions. If your application and certification can be processed without needing further action by you, the Regional EMS Council will mail your PA EMS Certification materials.

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?					<input type="checkbox"/>	<input type="checkbox"/>
Is this license/certification based on an endorsement or reciprocity from another State? If yes, identify the state if known below?					<input type="checkbox"/>	<input type="checkbox"/>
Is the license/certification active and considered valid in your State? If No, please describe why below					<input type="checkbox"/>	<input type="checkbox"/>
Does your state review Criminal History checks?					<input type="checkbox"/>	<input type="checkbox"/>
Has your state ever taken disciplinary action against this applicant? If Yes, please describe why below					<input type="checkbox"/>	<input type="checkbox"/>
To the best of your knowledge, was the applicant ever convicted of a felony or misdemeanor?					<input type="checkbox"/>	<input type="checkbox"/>
Printed Name State EMS Official:			State EMS Official Title:		Date	
Signature:			Day Telephone	Email address		

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. Deliver or mail to the license /certifying State you are requesting endorsement from, not 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 Emergency Medical Services
Room 606 Health & Human Services Building
625 Forster St
Harrisburg, PA 17120-0701**

PENNSYLVANIA EMS AFFILIATION VERIFICATION
(Non-Resident Certification by Endorsement ONLY)

Applicant Legal Name	Last four digits of SSN
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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

EMS Information Bulletin 2015-007A

DATE: July 20, 2015

SUBJECT: State Recognized CPR Programs



TO: Regional EMS Directors, Regional EMS Education Coordinators

FROM: Bureau of Emergency Medical Services
PA Department of Health
(717) 787-8740

The attached document consists of Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR) Programs that have been reviewed and approved by the Pennsylvania Department of Health for use by EMS candidates and prehospital EMS practitioners for: admission to EMS education programs and examinations, initial certification, certification by endorsement, recertification, and renewal within the Commonwealth of Pennsylvania.

Approved programs can be in the form of in-person instruction or any form of “distributive education” such as video, DVD, CD-ROM, magazine, on-line, etc, but must include the following:

1. One (1) and Two (2) Person Infant, Child, and Adult CPR (inclusive of AED), and maneuvers for the relief of choking/foreign body airway obstruction for all patient categories.
2. Final Written/Cognitive Examination.
3. Practical/Psychomotor hands-on skills evaluation/examination administered by a current, appropriate level certified CPR Instructor representing the approved program.

All approved programs must provide a course completion card and/or certificate indicating the specific course title, to each individual candidate successfully completing the program. Valid Instructor cards representing any of the specifically approved EMS course titles are acceptable for submission by Instructors.

Vendors seeking recognition for specific courses must request a review on letterhead and submit a copy of the materials utilized within their program to the Pennsylvania Department of Health, Bureau of Emergency Medical Services, for recognition as an approved CPR program for prehospital practitioners. **This request should be submitted any time the CPR Guidelines change and/or there is a change in product format or release of new educational materials. All materials must clearly indicate that they meet the 2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations.** Please forward any questions to your Regional EMS Council.

**PENNSYLVANIA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES**

**Basic Life Support Cardiopulmonary Resuscitation Programs
Updated 7/20/2015**

Name of Program	EMS Act Protection
American Academy of Orthopedic Surgeons – Emergency Care & Safety Institute <i>Health-Care Provider CPR</i>	Yes
American Heart Association - <i>BLS for Healthcare Providers</i>	Yes
American Heart Association - <i>BLS for PreHospital Providers</i>	Yes
American Red Cross – <i>Basic Life Support for Healthcare Providers</i>	Yes
American Red Cross – <i>CPR/AED for the Healthcare Provider</i>	Yes
American Red Cross – <i>CPR/AED for the Professional Rescuer</i>	Yes
American Red Cross – <i>CPR/AED for the Professional Rescuer and Healthcare Provider</i>	Yes
American Safety & Health Institute - <i>CPR Pro for the Professional Rescuer</i>	Yes
EMS Safety Services, Inc. – <i>CPR and AED for Professional Rescuers</i>	Yes
Military Training Network Resuscitative Medicine and Trauma Program – <i>BLS for Healthcare Providers</i>	Yes
National Safety Council – <i>Basic Life Support Healthcare and Professional Rescuer</i>	Yes
Pro CPR LLC – <i>Pro-CPR</i>	Yes

(Valid Instructor cards representing any of the specifically approved EMS course titles are acceptable)

List will be updated and distributed to Regional EMS Councils, as requests for recognition and submission of course program materials are received, reviewed, and approved.