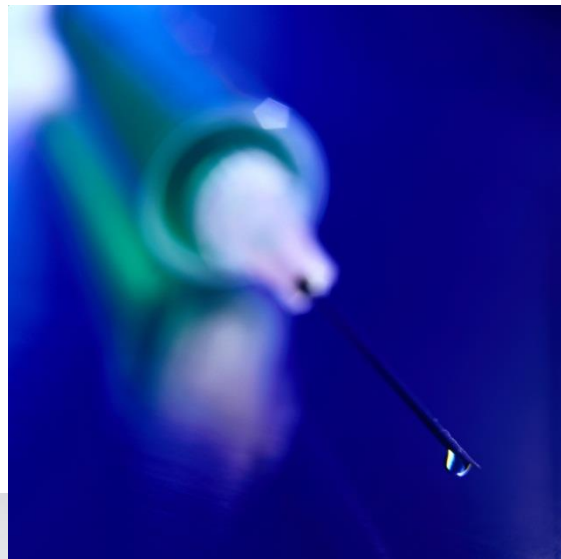


2015

PA EMS EDUCATION STANDARD OPERATING PROCEDURES



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June 2014

Dear EMS Candidates and Certified EMS Personnel of All Levels,

Welcome to your Pennsylvania Emergency Medical Services Education Standard Operating Procedures!

The Standard Operating Procedures (SOP) are the result of the collaborative and cooperative efforts of the Pennsylvania Regional EMS Education Coordinators and the Pennsylvania Department of Health Bureau of Emergency Medical Services, and stem from the adoption of the *Emergency Medical Services Education Agenda for the Future: A Systems Approach*, in addition to the Pennsylvania Emergency Medical Services System Act of August 18, 2009, P.L. 308, No. 37 and its accompanying Regulations, Title 28-Health and Safety, Emergency Medical Services System and related documents.

Designed for use by individuals interested in EMS within the Commonwealth of Pennsylvania, from candidates pursuing initial basic level information, certified providers of EMS thru all levels including Pre-Hospital EMS Physicians and EMS Instructors, along with accredited EMS Educational Institutes and Continuing Education Sponsors, Instructor-Trainers, and licensed EMS Agencies, all related enquiries should begin by contacting your Pennsylvania Regional EMS Council Office or the one that is closest to you for those out-of-state. Your EMS Education begins at your regional EMS council.

While the advent of new research, information, technology, and general knowledge has required us to change our thinking and approach to the provision of quality EMS education, we recognize the integral part that each of you play in the education, certification and accreditation process within your EMS system.

Finally, your continued support in the Emergency Medical Services System is critical to assure competent providers for the protection of residents and visitors to the Commonwealth of Pennsylvania well into the future.

Thank you for your valuable time and dedication. Be Safe!

Sincerely,

A handwritten signature in black ink, appearing to read "Richard L. Gibbons", is written over a light gray rectangular background.

Richard L. Gibbons, Director

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EMS VEHICLE OPERATOR (EMSVO) CREDENTIALING

Provider requirements:

- Documented proof of completion of a Pennsylvania Department of Health approved Emergency Vehicle Operator Course (EVOC/EVDT) (Ref. EMSIB 2012-014) (Refer to EMSVO matrix in appendix page 97)
 - Copy of Current Driver License
 - Copy of original course completion certificate OR
 - Recorded on Provider Continuing Education Record in Pennsylvania Emergency Medical Services Registry System (EMSRS) OR
 - EMS Education Institute Course Roster OR
 - Approved EMS Agency Licensing Application Personnel Roster
- Completed EMS Provider certification application (Available from regional EMS council in a fillable pdf) (**Section A, C and sign page 7**)

NOTE: Prior to 9 July, 2014 PA certified EMS Providers DO NOT need to complete the EMS Provider Certification Application. The EMS Agency of affiliation must include their providers on the EMS Credentialing Document located in the APPENDIX (electronic form is available from the local PA Regional EMS Council). Individuals who are not otherwise certified by the Department (EMR, EMT, etc.) or NOT affiliated with an agency but desire to gain an EMSVO certification would need to complete the EMS Provider Certification Application Section A and C only.

- Completion of Student Application located at <https://ems.health.state.pa.us/emsportal> (See Appendix page 56 for instructions)

NOTE: Individuals who are not otherwise certified by the Department (EMR, EMT, etc.) or NOT currently registered in the EMS Registry System (EMSRS) DO NOT need to complete the on-line student application unless otherwise directed or required by the Regional Council.

- Must be 18 years of age or older
- Current driver's license
- Not be addicted to alcohol or drugs
- Free from physical or mental defects or disease that may impair the person's ability to drive a ground EMS vehicle
- Not been convicted within the last 4 years prior to the date of application of driving under the influence of drugs or alcohol
- Not been convicted within the last 2 years prior to the date of application of reckless driving or had a driver's license suspended due to use of drugs or alcohol or a moving traffic violation

Regional EMS Council Only

Upon receipt and verification of forms for an existing practitioner:

- a. Log in to the EMSRS
- b. Search candidate
- c. Click on certification number to open the record

- d. "Check" EMSVO box
- e. Click on "notes" tab
 - i. Enter the date, "verified EMSVO credentials", issue date, expiration date (Issue and Expiration dates will fall into the same quarter as EMS Practitioners) and your initials

NOTE: Issue and Expiration date IS NOT required to be documented in the notes section for EMS Providers since the EMSVO issue and expiration date coincide with the PA EMS provider certification.

- f. Click "General Information" tab
 - i. Click save profile

NOTE: Practitioners with the EMSVO endorsement will not be required to have wallet cards printed until the next certification period.

- g. Print and mail:
 - i. Wallet Card (if applicable)

Upon receipt and verification of forms for a **non-practitioner** (stand-alone EMSVO);

- a. Log in to the EMSRS
- b. Click on "Continuing Education Record/EMS Registry System (EMSRS)
- c. Click on "Approve Student Apps"
- d. Click on the name to open the application
- e. Ensure the information is correct

NOTE: Any applicant that has a Social Security Number prefix greater than "750" **MUST be processed by BEMS**. Any applicant that does not have a Social Security number and has the required documentation as noted on the EMS PROVIDER CERTIFICATION APPLICATION, enter the following for the Social Security Number 999-03(i.e. Two Digit region code)-four digit chronological tracking number (999-14-0001).

- f. Level selected will be "Rescue"
- g. Change the Certification class number from "EMSVO" to class number 14 (i.e. 2 digit year)-39-003 (i.e. Three digit Region Code)

NOTE: This code will NOT produce a visible certification number, card or certificate. The code will place the EMSVO into a view status.

- h. Click "Approve"
- i. Click "Practitioner Search"
- j. Enter Practitioner name
- k. Search candidate
- l. Click on "View" to open the record
- m. Change the level from RESCUE to EMSVO
- n. Click on "notes" tab

- o. Enter the date, “verified EMSVO credentials” and your initials

NOTE: The information above to be entered for the EMSVO who is NOT a Pre-hospital Practitioner. The purpose for this entry is to allow other regions to see that the individual has a valid EMSVO certification. This will also allow BEMS to verify credentialing when the data transfer has been completed and certification cards are ready for issue.

- p. Click “General Information” tab
- q. Click save profile

NOTE: Currently you will not be able to print certificates or wallet cards for the stand alone EMSVO. Practitioners with the EMSVO endorsement will not be required to have wallet cards printed until the next certification period.

NOTE: A person who drove an ambulance or squad vehicle prior to April 10, 2014, and who satisfies the certification requirements, may serve as an EMSVO until **9 July, 2014**, without having to secure a certification as an EMSVO.

Reference: EMS Systems Act Section 1023.22

EMSVO Registration.

1. Except as otherwise provided in this subsection, an EMSVO’s certification is deemed registered for 3 years. Thereafter, an EMSVO shall triennially register the certification by completing a form or through an electronic process, as prescribed by the Department. An EMSVO shall submit the form or complete the electronic process at least 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the EMSVO certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the EMSVO completes the form or the electronic process if the information provided establishes that the EMSVO has a current driver’s license and has successfully completed the continuing education requirements for registration of an EMSVO certification in § 1023.31(a) (relating to continuing education requirements).

2. If an EMSVO also has an EMS provider’s certification, the registration of the EMSVO’s certification will expire at the same time as the registration of the EMS provider’s certification. If the EMSVO does not maintain current registration of the EMS provider’s certification, the registration of the EMSVO’s certification will continue on the same renewal cycle. If an EMSVO who is an EMS provider becomes certified as a higher-level EMS provider, the registration of the EMSVO’s certification will expire at the same time as the registration of the higher-level EMS provider’s certification.

3. An EMSVO who attempts to secure a new registration of an EMSVO certification more than 2 years after the registration expires may secure a new registration by completing a registration form or through an electronic process, as prescribed by the Department, if the information provided establishes that the EMSVO has completed an EVOC within the preceding 2 years. An EMSVO who attempts to secure a new registration of an EMSVO certification within 2 years after the registration expires may secure a new registration by completing a registration form or through an electronic process, as prescribed by the

Department, if the information provided establishes that the EMSVO has completed the continuing education requirements for the missed registration period.

4. An EMSVO who is a member of the armed forces who is returning from active military service and whose EMSVO registration has expired or will expire within 12 months after returning from active military service may secure an exception to the registration requirements under § 1023.21(d) (relating to general rights and responsibilities).

5. An EMSVO who operates a ground EMS vehicle exclusively for a QRS operated by an EMS agency does not have registration requirements.

TRANSITION FROM AMBULANCE ATTENDANT (AA) TO EMERGENCY MEDICAL RESPONDER (EMR)

Note: this is a one-time transition that is only valid for those who meet the requirements below prior to 10 April 2014. Any individual who is certified after 10 April 2014 is NOT eligible for transition. An individual who qualifies for EMR certification by virtue of having been an ambulance attendant may serve as an EMR until April 11, 2016, without having obtained an EMR certification.

- Completion of Student Application located at <https://ems.health.state.pa.us/emsportal> (See Appendix page 60 for instructions)
- Completion of EMS Provider Certification Application (See Appendix Page 68)
- Proof of meeting ambulance attendant course requirements
- Proof of current CPR certification as defined by current EMS Information Bulletin
- Provide government issued photo ID for proof of identity
- Regional Council user reviews and verifies all documents provided

Applicant Process: (Refer to Student Application Instructions)

- Log into the EMS Portal Using the User ID and Password provided by PA Regional EMS Council
 - Click on “New Student Application”
 - Complete form down to and including “Certification Course Code”
 - Enter AA for your certification course code
 - Click Submit

NOTE: If you receive an error message, disregard the error message. The system will send the application to the Regional Council.

- Log off the EMS Registry system

NOTE: DO NOT attempt to change the profile information for this log in.

Regional EMS Council Process:

Note: See Appendix for Codes; EMR reciprocity code will automatically give applicant a 3 year expiration date, which **MUST** be changed to match current recognized certification expiration date. Continuing Education requirements will be prorated for that certification period. The system will NOT automatically

adjust the prorated continuing education hours. The regional Council staff may utilize the large conference data spread sheet to input or upload the prorated hours.

Clinical Patient Care	Other
12 hours per certification period	4 hours per certification period
4 hours per year	2 hours per year
2 hours per 6 (six) month	1 hour per 6 (six) month

- If the candidate has not completed the online student application the application may be completed in the EMRS by selecting “Add New EMS Practitioner” under the “ESMS Practitioner” tab

Note: See appendix for codes

- Log into EMSRS
- Click on “Continuing Education Record/EMS Registry System (EMSRS)
- Click on Approve Student Apps
- Click on Practitioners name to open the application
- Change the Certification class number from “AA” to class number 14 (2 digit year)-13 (Two digit Level Code)-003 (Three digit Region Code)
- Click on approve
- Click on Return to Student Submitted App Queue
- Click on home
- Click on certification by endorsement
- Select individual’s name that is listed
 - Fix any spelling or spacing errors in name and address
 - Enter email address
 - Check certification by endorsement under certifications tab
 - Enter the authorization date
 - Enter the CPR expiration date
 - Click on “notes” tab
 - Enter the date, “AA ELIGIBLE COURSE NAME” , expiration date on card and your initials
 - Click save profile
- Click in check box under remove
- Click remove to delete the record from the endorsement queue
 - Individual will show up in the output queue
- Click Home
- Look practitioner up in EMSRS
- **Change the expiration date to match the expiration date on the eligible course certification card.**

NOTE: The dates will not be saved unless you enter a note in the notes tab.

- Click on “notes” tab
- Enter the date, AA to “EMR TRANSITION with ELIGIBLE COURSE NAME” , expiration date on card and your initials or user ID
- Click save profile
- Return to Practitioner Record
- From the “Queue Summary” page;
 - Print certificates
 - Print letters
 - Print wallet cards

Reference: EMS Systems Act Section 1023.33

EMS BLS PROVIDER CERTIFICATION PROCESS

Requirements of the student to be validated by Regional EMS Council:

- Complete required forms
 - EMS Provider Certification application (See Appendix Page 68)
 - Student Application located at <https://ems.health.state.pa.us/emsportal> (See Appendix page 60for instructions)
 - Certificate of Eligibility version 12/2012
 - Memorandum of Agreement and Assumption of Risk
 - Accommodation Request Form (if applicable)
- Provide government issued photo ID for proof of age and identity
 - Must be 16 years of age or older for an EMR/EMT
- Proof of current CPR certification as defined by current EMS Bulletin (may be taken during class)
- Successful completion of a recommended acceptable ICS/NIMS course (See matrix page 93)
- Successful completion of a recommended acceptable Hazardous Materials course (See matrix 96)
- Completion of at least 10 patient contacts during course (if required)
- Successful completion of required EMS Provider Certification course through PA Accredited EMS Educational Institute
- Successful completion of the certification process;
 - Psychomotor Exam (practical)
 - Cognitive Exam COGNITIVE/COMPUTER ADAPTIVE (written)

Regional EMS Council Process:

Initial registration

- Log into EMSRS
- Click on Continuing Education Record/EMSRS
- Click on Approve Student Apps

NOTE: If the student already has a record in the EMSRS do not approve the application at this time, Contact BEMS via e-mail or telephone for assistance.

- Click on Practitioners name to open the record
- Fix any spelling or spacing errors in name and address
- Enter email address
- Change the Certification class code from (AA, EMSVO, PHRN, EMT etc.) to the appropriate Certification Class number (2 digit year, 2 digit level, 3 digit class or region code)

- Click on approve
- Click on Return to Student Submitted App Queue to process the next record
- Print Class Report/Roster
 - Click on “reports”
 - Click on “Certification Class Reports”
 - Select certification class number
 - From here you can print the attendance roster, psychomotor exam roster, sign-in sheets and student roster.

NOTE: (See Appendix)

1. Applicant must take initial certification examination within one (1) year after completing required education course.
2. Applicant that fails the practical (psychomotor) skills certification three (3) times must successfully complete a “hands-on” remedial course approved by the Department or repeat the EMS provider training program in its entirety. Applicant will be required to retake all stations when beginning fourth attempt regardless of any stations previously successfully completed.
3. Applicant that fails COGNITIVE/COMPUTER ADAPTIVE (written) exam three (3) times must successfully complete a refresher course approved by the department or repeat the EMS provider training program in its entirety.
4. Applicant that fails certification exam six (6) times or doesn’t pass required exams within two (2) years of training program completion date will not receive credit for the exams previously passed and will be required to repeat the education and exam process.

EMS BLS PROVIDER PSYCHOMOTOR EXAM

Pre-requisite: All requirements of the EMS BLS provider certification process up to the psychomotor exam

- 1) Candidate schedules themselves to attend the psychomotor exam within one (1) week of course completion at testing site through a Regional EMS Council.
 - a) If a region allows an Institute to schedule a class of students, the roster of those students **MUST** be submitted no less than 14 business days prior to the exam. By submitting the roster, the EMS Education Institute is assuring that those students have finished **ALL** course completion requirements
 - b) Exam dates are available on each Regional EMS Council's websites; refer to the EMS Educational Resource Guide located in the appendix for Regional Council contact information and websites.
 - c)
- 2) Candidates arrive at testing site at appointed time
 - a) Must have government issued photo ID for proof of identity
- 3) Completion of required paperwork
 - a) Post course questionnaire

Note: If criminal history status has changed student must complete an EMS Provider Certification application and is **NOT eligible to test until this is processed**
 - b) Candidate's Statement
 - c) Psychomotor Exam Results Form (candidate information)

Regional EMS Council Process

NOTE: Examination failures and retests will be recorded in the candidates EMSRS record in the following format; Enter Date, Skill station failed, retest passed, number of attempts, Region, test site and your initials

Prior to exam day

- Coordinate exam site logistics
- Advertise exam dates on website
- Confirm candidate's eligibility to participate in exam
 - Met all program requirements as validated by the EMS Educational Institute
 - Meets the minimum age requirement for the certification
 - Criminal History has been cleared by the Department
- Schedule skill examiners and actors to staff the exam
- Prepare skill examiner's packets with specific skill's station information **(It is important to rotate the scenarios used so there is not a "pattern" or re-use of the same scenarios at the same site(s).)**

- Prepare testing equipment

Exam day

- Establish skill testing stations
- Secure private room for State EMS official or approved agent
- Provide student with test site ID (if applicable) after government issued photo ID is verified
- **NOTE NR/BLS psychomotor exam tracking cards plus official photo ID may be used in lieu of 'test site ID.'**
- Provide the skill examiner orientation per the most current Psychomotor Examination Users Guide
- Provide the candidate's orientation per the most current Psychomotor Examination Users Guide
- State EMS official or approved agent ensures moulage is appropriate for patient actors per the scenario
- Begin routing candidates
- If a candidate would have a complaint follow the Quality Assurance process per the most current Psychomotor Examination Users Guide
- Skill examiner's totals the points on the skill sheets
- Skill examiner documents critical criteria checked on skill sheets
- State EMS Official or approved agent reviews skill sheets for accuracy and verify points to determine "pass" or "fail" per the most current Psychomotor Examination Users Guide
- State EMS Official or approved agent will transcribe the results on the Psychomotor Exam Results form
- State EMS Official or approved agent will provide verbal results and the Psychomotor Exam Results form to candidate only reporting "pass" or "fail" in a private area. Do not provide the specific reason for failure and document results in EMSRS on notes tab.
- State EMS Official or approved agent will advise candidate that they must present their signed Psychomotor Results Form for entry into retest.
- State EMS Official or approved agent will provide candidate with instructions for NREMT Cognitive Exam process if not previously provided.
- Collect the candidate's test site ID tags and dismiss them from the testing site
- Collect skill evaluator's packets ensuring all confidential materials are returned
- Collect equipment and return testing site to order

Re-tests (if applicable)

EMR

- Unsuccessful in two or less stations, re-test will only be on the skills not passed (can be same day re-test at the decision of the exam coordinator)
- Unsuccessful in three or more stations, re-test will be all five (5) stations (cannot be same day re-test)

EMT

- a) Unsuccessful in three or less stations, re-test will only be on the skills not passed (can be same day re-test at the decision of the exam coordinator)
 - b) Unsuccessful in four or more stations, re-test will be all seven (7) stations (cannot be same day retest)
- 2) Candidates must complete all of the required re-tests on the same date
 - 3) Candidates should be informed that an unsuccessful retest #2 (3rd examination attempt) constitutes as complete failure of the exam, requiring a complete re-test of the entire exam after receiving remediation
 - 4) Candidates should not be re-tested by the same skills examiner for the same skill they were unsuccessful in on a same day retest
 - 5) Follow same testing process as above
 - 6) Examination failures will be recorded in EMSRS record
 - a) Enter Date, Skill station failed, number of attempts, Region, test site and your initials

NOTE: PA Regional EMS Council staff will enter examination results for each candidate into the PA EMS Registry System practitioner record under the notes tab within 3 business days.

Reference: Psychomotor Examination Users Guide November 2011

PHRN CERTIFICATION PROCESS

Requirements for the Pre-hospital RN to apply for PA certification:

NOTE: If you are a member of the armed forces and seeking recertification, please inform the regional EMS council of this during the initial request of application.

- Complete an Emergency Medical Services Provider Certification Application. (See Appendix Page 68)
- The applicant will complete the on-line student application located at <https://ems.health.state.pa.us/emsportal/> . The applicants MUST contact the regional EMS Council for the username and password. (See Appendix page 60for instructions).

NOTE: Currently certified EMS Providers DO NOT need to complete the online student application.

NOTE TO APPLICANTS: DO NOT attempt to change the profile information for this log in.

- Provide the following information/documents to the regional EMS council:
 - Current ACLS certification card
 - Proof of current CPR certification as defined by the current PA DOH BEMS Information Bulletin
 - Government issued photo ID for proof of age
 - Copy of Pennsylvania Registered Nursing License with the State Board of Medicine or the State Board of Osteopathic Medicine.
 - PA EMS certification card (if applicable)

Regional Council Process

Initial Registration

- License search via the PA Department of State website to verify Pennsylvania Registered Nursing License. <http://www.licensepa.state.pa.us/>.

NOTE: The above website can be used to verify any Pennsylvania Registered License.

- Verify that the practitioner has an active EMS certification (if applicable).
- If the applicant is not already a currently certified Pennsylvania EMS provider, send a letter to the applicant stating that the documentation requirements have been met and the applicant should contact the Regional EMS council when they are ready to complete the psychomotor exam.
- If the candidate is a currently certified Pennsylvania EMS provider and all documentation requirements have been met, send a letter to the applicant stating the applicant is eligible for the NREMT Assessment – Paramedic cognitive exam. The letter should include directions on how

to register with the NREMT prior to testing at the Pearson Vue Testing Center. Registration is through the <http://nremt.org> and <http://www.pearsonvue.com/>.

- If the applicant is a current Pennsylvania Paramedic and all documentation submitted is complete and correct, the applicant can be credentialed in the PA EMS Registry System without taking the exam(s).
- If the applicant is not a currently certified EMS provider in Pennsylvania, the applicant will need to register for BLS Psychomotor exam. The regional EMS council will schedule the PHRN applicant for the exam and provide the exam location, exam time, and specific directions as necessary.
 - The PHRN applicant must complete the following skills successfully to complete the PHRN skills exam. The rules for EMT certification currently in place in Pennsylvania will apply with PHRN skills testing as well.
 - Patient Assessment – Trauma
 - Patient Assessment – Medical
 - Oxygen administration via NRB
 - Bag Valve mask Ventilation
 - Cardiac Arrest Management – AED
 - Supine Immobilization
 - Random BLS skill

NOTE: The above requirements could change to be consistent with Current NREMT and Pennsylvania DOH-BEMS testing policies.

- If the applicant successfully completes the BLS psychomotor exam, the regional EMS council will mail and/or e-mail a letter to the applicant stating that they are now eligible for the NREMT Assessment-Paramedic cognitive exam. The letter will include directions on how to register with the NREMT for this exam. The applicant will be advised to contact the regional EMS council when they are ready to sit for the NREMT Assessment—Paramedic exam.
- Authorization to test will only be recommended after all documents have been submitted and the psychomotor exam has been successfully completed.
- The regional EMS council will receive results from the NREMT Assessment-Paramedic cognitive exam. Upon successful completion, the proper code will be applied to the on-line student app (found in the NR Submission queue) prior to submission. The code will start with the last (2) digits of the calendar year, followed by code (40), and finished with a (3) digit code that represents the region. (Example Southern Alleghenies is PA Region 09, 3 digit code would be 009)

NOTE: When the student application is approved the record will appear in the endorsement queue. DO not endorse the PHRN certification until the examination results have appeared in the National Registry Submissions queue.

Processing Student Application

- If the candidate has not completed the online student application the application may be completed in the EMRS by selecting “Add New EMS Practitioner” under the “EMS Practitioner” tab

Note: See appendix for codes

- Log into EMSRS
 - Click on “Continuing Education Record/EMS Registry System (EMSRS)”
 - **Click on Approve Student Apps (hold the PHRN apps in your queue until NREMT Results are received in your NR Submissions queue)**

NOTE: The Social Security number and Date of Birth MUST be validated to ensure to ensure proper credit for successful completion of the NREMT cognitive and psychomotor examinations.

Processing PHRN Applications AFTER NREMT Results have been received

- Click on Practitioners name to open the application
- Change the Certification class number from “PHRN” to class number 14 (2 digit year)-40-003 (Three digit Region Code)
- Click on approve

NOTE: When the application is approved the record will appear in the endorsement queue. **DO not endorse the PHRN certification** until the examination results have appeared in the National Registry Submissions queue.

- Click on Return to Student Submitted App Queue
- Click on home
- Click on certification by endorsement
- Select individual’s name that is listed
 - Fix any spelling or spacing errors in name and address
 - Enter email address
 - Check certification by endorsement under certifications tab
 - Enter the authorization date
 - Enter the CPR expiration date
 - Click save profile
- Click in check box under remove
- Click remove to delete the record from the endorsement queue
 - Individual will show up in the output queue
- Click Home
- Process NR Submission data

Processing NREMT Submission Data

- Log into the PA EMS Registry System.
- Click Continuing Education Record/EMS Registry System.
- Click National Registry Submissions.
- Click on “Edit” to open the record
- Review ALL NR Submission data/ demographic information to assure the data is correct, using the EMSRS as a resource.
 - Verify that the individuals demographics match the demographics in the EMSRS
 - Correct spelling of the names
 - Correct SSN
 - Correct DOB
 - Correct Address
- Assure that the Applicant has passed the NREMT exam. **If Applicant failed see note below and continue to process the record**

NOTE: Examination failures will be recorded in the candidates EMSRS record in the following format; Enter Date, Exam type (Cognitive or Psychomotor), number of attempts, Region, test site and your initials

- Assure that the code for the Certification Class number is the correct format and Code (year-code for PHRN-code for Region) (example 14-40-009).
- Click Approve.
- Check the Print Queue to assure that the record is present.
 - Verify the issue and expiration dates are correct
- Print and send the certification card and/or certificate and letter to the Provider.
 - Send 1 patch for initial
 - No patches for re-registration

PRE-HOSPITAL PHYSICIAN EXTENDER (PHPE) CERTIFICATION PROCESS

Requirements for the Physician Assistant to apply for PA EMS certification:

- Complete an EMS Provider certification application. (Form can be obtained from the PA Regional EMS Council) (See Appendix Page 68)
- Complete the on-line student application <https://ems.health.state.pa.us/emsportal> (See Appendix page 60 for instructions)
- NOTE: Currently certified EMS Providers DO NOT need to complete the online student application.**
- Regional EMS council will provide you with a username and password. Instructors are provided in Appendix.
- Provide the following information/documents to the regional EMS council:
 - Current ACLS certification
 - Proof of current CPR certification as defined by the current PA DOH BEMS Information Bulletin
 - Government issued photo Identification for proof of age
 - Copy of Pennsylvania Physician Assistant License with the State Board of Medicine or the State Board of Osteopathic Medicine
 - PA EMS certification card (if applicable)

Applicant Process:

- Log into the EMS Portal Using the User ID and Password provided by PA Regional EMS Council
 - Click on “New Student Application”
 - Complete form down to “Certification Course Code”
 - Enter PHPE for your certification course code
 - Click Submit

NOTE: If you receive an error message, disregard the error message. The system will send the application to the Regional Council.

- Log off the EMS Registry system

NOTE: DO NOT attempt to change the profile information for this log in.

NOTE: The Social Security number and Date of Birth MUST be validated to ensure to ensure proper credit for successful completion of the NREMT cognitive and psychomotor examinations.

Regional Council Process

Initial registration

- License Search via the PA Department of State website to verify Physician Assistant License. <http://www.licensepa.state.pa.us/>
- Review the PA EMS registry system to verify that the practitioner has an active EMS certification (if applicable).
- If the PHPE applicant is not already a currently certified PA EMS provider, send a letter to the applicant that states that the documentation requirements have been met and the applicant should contact the regional EMS council when they are ready to complete the BLS Psychomotor exam.
- If the candidate is a currently certified PA EMS provider (EMR, EMT or AEMT), and all documentation requirements have been met, send a letter and/or e-mail to the applicant stating the applicant is eligible for the NREMT assessment – paramedic cognitive exam. The letter should include directions on how to register with the NREMT prior to testing at the Pearson Vue testing Center. The applicant will need to go to the following websites <http://nremt.org> and <http://www.pearsonvue.com/>.
- If the applicant is a current Pennsylvania paramedic, and all documentation submitted is complete and correct, the applicant can be credentialed in the PA EMS Registry System without taking the exam(s).
- If the applicant is not a currently certified EMS provider in Pennsylvania, the PHPE applicant will need to register for the BLS Psychomotor exam.
- The regional EMS council will schedule the applicant for the psychomotor exam and provide the exam location, exam time, and specific directions as necessary.
 - The PHPE applicant must complete the following skills successfully to complete the PHPE skills exam. The rules for EMT certification currently in place in Pennsylvania will apply with PHPE skills testing as well.
 - Patient assessment – Trauma
 - Patient assessment – Medical
 - Oxygen administration via NRB
 - Bag Valve mask Ventilation
 - Cardiac Arrest Management – AED
 - Supine Immobilization
 - Random BLS skill

NOTE: The above requirements could change to be consistent with current NREMT and Pennsylvania DOH-BEMS testing policies.

- If the applicant successfully completes the BLS psychomotor exam, send a letter to the applicant stating they are now eligible for the NREMT Assessment-Paramedic cognitive exam. The letter will include directions on how to register with the NREMT for this exam. Advise them to contact the regional EMS council when they are ready to take the NREMT Assessment—Paramedic exam.

- Authorization to test will only be recommended after all documents have been submitted and the psychomotor exam has been successfully completed.
- The regional EMS council will receive results from the NREMT Assessment-Paramedic cognitive exam. Upon successful completion, the proper code will be applied to the on-line student application (found in the NR Submission queue) prior to submission. The code will start with the last (2) digits of the calendar year, followed by code (66), and finished with a (3) digit code that represents the region. (Example Southern Alleghenies is PA Region 09, 3 digit code would be 009)

NOTE: When the student application is approved the record will appear in the in the EMSRS with a PHPE certification. **You must change the issue and expiration dates to 01/01/1900 DO NOT print certification materials** until the examination results have appeared in the National Registry Submissions queue.

Processing Student Application

- If the candidate has not completed the online student application the application may be completed in the EMRS by selecting “Add New EMS Practitioner” under the “EMS Practitioner” tab

Note: See appendix for codes

- Log into EMSR
 - Click on “Continuing Education Record/EMS Registry System (EMSRS)
 - Click on Approve Student Apps
 - Click on Practitioner name to open the application
 - Change the Certification class number from “PHPE” to class number 14 (2 digit year)-66-003 (Three digit Region Code)
 - Click on approve

When the student application is approved the record will appear in the in the EMSRS with a PHPE certification. **You must change the issue and expiration dates to 01/01/1900 DO NOT print certification materials** until the examination results have appeared in the National Registry Submissions queue.

- Click on Return to Student Submitted App Queue
- Click on home
- Look practitioner up in EMSRS
- Click on certification number to open the Practitioner Record
- Click Certification tab
- Click “Print Certification Materials” to add certification materials into the output queue
- From the “Queue Summary” page;
 - Print certificates
 - Print letters
 - Print wallet cards

Printing Certification

- Log into the PA EMS Registry System.
- Click Continuing Education Record/EMS Registry System.
- Click National Registry Submissions.
- Assure that the Applicant has passed. If Applicant failed see note below and continue to process the record

NOTE: Examination failures will be recorded in the candidates EMSRS record in the following format; Enter Date, Exam type (Cognitive or Psychomotor), number of attempts, Region, test site and your initials

- Review ALL demographic information to assure the data is correct, using the EMS Provider Certification Application as a resource.
- Assure that the code for the Certification Class number is the correct format and Code (year-code for PHPE-code for Region) (example 14-66-009).
- Click Approve.
- Check the Print Queue to assure that the record is present.
 - Verify the issue and expiration dates are correct
- Print and send the certification card and/or certificate and letter to the Provider.
 - Send 1 patch for initial
 - No patches for re-registration

PRE-HOSPITAL PHYSICIAN (PHP) CERTIFICATION PROCESS

Requirements of the Pre-Hospital Physician to apply for PA certification:

NOTE: Currently certified Medical Command Physicians will receive 2 cards with the same certification number. When a Medical Command Physician meets the requirements for Pre-Hospital Physician (PHP) or Vice Versa the primary certification that will be seen in the EMSRS will be the PHP.

- Complete an EMS Provider Certification application.
- Complete the on-line student application at <https://ems.health.state.pa.us/emsportal> (See Appendix page 56 for instructions)

NOTE: Currently certified EMS Providers DO NOT need to complete the online student application.

- Regional EMS Council will provide you the username and password. Instructions are provided in the Appendix.
- Provide the following information/documents to the regional EMS council:
 - Proof of current CPR certification as defined by the current PA DOH BEMS Information Bulletin
 - Government issued photo ID for proof of age
 - PA EMS certification card (if applicable)
- Proof of successful completion of one of the following (MUST show license, diploma, certificates and/or transcripts).
 - Residency program in emergency medicine accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.
 - The first year of a residency program that satisfies the requirements in subparagraph (i) and the ACLS course, the ATLS course, the APLS or PALS course or, for each of these courses, a course that the Department determines meets or exceeds the requirements of the course.
 - A residency program in anesthesia, general surgery, internal medicine or family medicine, by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine, and the ACLS course, the ATLS course, the APLS or PALS course or, for each of these courses, a course that the Department determines meets or exceeds the requirements of the course.
- If not currently certified as an EMS provider, you must successfully complete the BLS psychomotor exam.

Applicant Process:

- Log into the EMS Portal Using the User ID and Password provided by PA Regional EMS Council
 - Click on “New Student Application”

- Complete form down to “Certification Course Code”
 - Enter PHP for your certification course code
- Click Submit

NOTE: If you receive an error message, disregard the error message. The system will send the application to the Regional Council.

- Log off the EMS Registry system

NOTE: DO NOT attempt to change the profile information for this log in.

Regional Council Process

Initial registration

- Verify the practitioner has an active EMS certification (if applicable).
 - Verify the practitioner has passed a psychomotor examination prescribed by the Department for PHP or served as a Pre-Hospital health professional physician prior to October 12, 2013.
 - License Search via the PA Department of State website to verify Physician (MD/DO) License.
<http://www.licensepa.state.pa.us/>
 - If the applicant is not already a currently certified PA EMS provider, send a letter to the applicant that states that the documentation requirements have been met and that the applicant should contact the regional EMS council when they are ready to complete the BLS Psychomotor exam.
 - The PHP applicant must complete the following skills successfully to complete the PHP skills exam. The rules for EMT certification currently in place in Pennsylvania will apply with PHP skills testing as well.
 - Patient assessment – Trauma
 - Patient assessment – Medical
 - Oxygen administration via NRB
 - Bag Valve mask Ventilation
 - Cardiac Arrest Management – AED
 - Supine Immobilization
 - Random BLS skill
- NOTE: The above requirements could change to be consistent with Current NREMT and Pennsylvania DOH-BEMS testing policies.**
- If not currently certified as an EMS provider, you must successfully complete the BLS psychomotor exam.
 - If the applicant successfully completes the BLS psychomotor exam, send a letter to the applicant.
 - Upon successful completion, the proper code will be applied to the on-line student application prior to submission. The code will start with the last (2) digits of the calendar year, followed by code (46 for HP Physician), and finished with a (3) digit code that represents the region. (Example: Southern Alleghenies is PA Region 09, 3 digit code would be 009)

Printing certification:

NOTE: Currently certified Medical Command Physicians will receive 2 cards with the same certification number. When a Medical Command Physician meets the requirements for Pre-Hospital Physician (PHP) or Vice Versa the primary certification that will be seen in the EMSRS will be the PHP.

- Log into the PA EMS Registry.
- Click Continuing Education Record/EMS Registry System.
- Click Approve Student Apps.
- Select the Student App for the name of the PHP Applicant.
- Review ALL demographic information to assure the data is correct, using the EMS Provider Certification Application as a resource.
- Assure that the code for the Certification Class number is the correct format and Code (year-code for PHP-code for Region) (example 14-46-009).
- Click Approve.
- Check the Print Queue to assure that the record is present.
- Print and send the certification card and/or certificate and letter to the Provider
 - Send 1 patch for initial
 - No Patches for re-registration

MEDICAL COMMAND PHYSICIAN CERTIFICATION PROCESS

Requirements of the Medical Command Physician to apply for PA certification:

NOTE: Currently certified Pre-Hospital Physicians (PHP) will receive 2 cards with the same certification number. When a PHP meets the requirements for Medical Command Physician or Vice Versa the primary certification that will be seen in the EMSRS will be the PHP.

- Complete an EMS Provider Certification application. (See Appendix Page 68)
- Complete Medical Command Physician Application (See Appendix)
- Complete the on-line student application at <https://ems.health.state.pa.us/emsportal> (See Appendix page 56 for instructions)

NOTE: Currently certified EMS Providers DO NOT need to complete the online student application.

- Regional EMS Council will provide you the username and password. Instructions are provided in Appendix.
- Provide the following information/documents to the regional EMS council:
 - PA EMS certification card (if applicable)
- Proof of successful completion of one of the following (MUST show license, diploma, certificates and/or transcripts).
- To qualify and continue to function as a medical command physician, an individual shall be serving as a medical command physician immediately prior to February 16, 2010, or
 - Be a physician.
 - Have successfully completed a residency program in emergency medicine accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.
 - Have had an emergency medicine practice in another jurisdiction and establish to the Department that the physician has a combination of training, education and emergency medicine practice that makes the physician qualified to serve as a medical command physician
 - Have successfully completed or taught the ACLS course within the preceding 2 years and have completed or taught the ATLS course and either an APLS or PALS course or other program determined by the Department to meet or exceed the standards of these programs

- Have an arrangement with the medical command facility to serve as a medical command physician for that facility after receiving certification as a medical command physician
- Be practicing as an emergency medicine physician, be participating as a resident in a second or subsequent year in an emergency medicine residency program accredited by an accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine or have had at least 3 years of experience as a full-time emergency medicine physician
- Have a current Drug Enforcement Agency (DEA) number or be an emergency medicine resident in an emergency medicine residency program accredited by an accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine who is authorized to use a hospital's DEA number for practice within the emergency medicine residency program.
- Have successfully completed the medical command course located at www.paprepared.net

NOTE: Before the applicant can register at www.paprepared.net they must be entered in the EMSRS using the Pre-Hospital Physician code 46 (2 digit year, 46, 3 digit region code) you will have to change the practitioner level in the EMSRS practitioner record from Pre-Hospital Physician to Medical Command Physician.

Applicant Process:

- Log into the EMS Portal Using the User ID and Password provided by PA Regional EMS Council
 - Click on “New Student Application”
 - Select Level Pre-Hospital Physician.
 - Complete form down to “Certification Class Number”
 - Enter MED CMD for your Certification Class Number
 - Click Submit

NOTE: If you receive an error message, disregard the error message. The system will send the application to the Regional Council.

- Log off the EMS Registry system

NOTE: DO NOT attempt to change the profile information for this log in.

Regional Council Process

Initial registration

- License Search via the PA Department of State website to verify Physician (MD/DO) License.

<http://www.licensepa.state.pa.us/>

- Upon successful completion, the proper code will be applied to the on-line student application prior to submission. The code will start with the last (2) digits of the calendar year, followed by code (46 for HP Physician), and finished with a (3) digit code that represents the region. (Example: Southern Alleghenies is PA Region 09, 3 digit code would be 009)

Medical Command Certification Processing:

Note: Search for applicant prior to approving student application (they may already be in system)

- Log into the PA EMS Registry.
- Click Continuing Education Record/EMS Registry System.
- Click on Approved Student Apps.
- Click on name of applicant to open application
- Review ALL demographic information to assure the data is correct, using the EMS
- Change the CERTIFICATION CLASS NUMBER from MED CMD to (2 digit year-46- 3 digit region code) (example 14-46-009).

NOTE: Pre Hospital Physician Level will be changed after processing application in the EMSRS

- Click Approve.
- Search Practitioner
- Click Certification Number on open record

NOTE: You will have to change the practitioner level in the EMSRS practitioner record from Pre-Hospital Physician to Medical Command Physician (MC Physician). If the applicant meets the requirements for PHP you will change the level back to PHP after processing and printing the Medical Command Physician certification card.

- Change Certification Type to MC Physician (enter a note in the Notes tab indicating the reason for the change in level in order for the level to be saved)
- Change the dates to reflect a Triennial Registration (3 year expiration date).
- Click Save Profile
- Go to Print Queue

- Choose wallet cards

NOTE: Currently certified Pre-Hospital Physicians (PHP) will receive 2 cards with the same certification number. When a PHP meets the requirements for Medical Command Physician or Vice Versa the primary certification that will be seen in the EMSRS will be the PHP.

NOTE: The provider will be displayed in the print queue as Pre Hospital Physician however; the card will print as MC Physician.

- Print and send the certification card.

NOTE: A medical command physician's certification is deemed registered for 3 years. Thereafter, a medical command physician shall triennially register the certification on a form or through an electronic process, as prescribed by the Department. The Department will issue a new registration within 30 days after the application for registration is filed if the application demonstrates that the medical command physician:

- (1) Maintains licensure as a physician.
- (2) Has an arrangement with a medical command facility to serve as a medical command physician for that facility.
- (3) Is practicing as an emergency medicine physician or has had at least 3 years of experience as a full-time emergency medicine physician.
- (4) Has completed the most recent update or refresher course that the Department provided on Statewide and other applicable Department-approved EMS protocols

EMS INSTRUCTOR CREDENTIALING

Initial

- Documents required:
 - Completed EMS Provider Certification Application (See Appendix page 68)
 - Government issued photo ID for proof of age
 - Successful completion of one of the following:
 - EMS Instructor course approved by the Department (See PA RECOGNIZED UPDATES AND TRANSITIONS in the APPENDIX pages 77-79) OR;
 - Bachelor's degree in education OR;
 - Teacher's certification in education OR;
 - A Master's degree OR;
 - Doctorate
 - Possess current certification as an EMT or higher
 - Possess at least 1 year experience in providing EMS at an EMT or higher EMS provider level
 - Proof of current CPR certification as defined by the current EMS Information Bulletin
 - Has twenty (20) hours of instructional time monitored by a PA DOH EMS Instructor designated by an EMS Educational Institute's Administrative Director

NOTE: An EMS Educational Institute must submit a letter on letterhead indicating that the candidate has completed twenty (20) hours of monitored EMS instructional time and provide a favorable recommendation. The EMS Instructor should utilize the approved DOH monitoring forms (Appendix) to provide feedback to the EMS Instructor Candidate.

Triennial (3 Year) Re-Registration:

- Candidate shall register 30 days prior to expiration of current registration
- Candidate shall:
 - Provide documentation through the EMS Educational Institute or Continuing Education Sponsor of sixty hours of EMS provider, continuing education or rescue courses. Documentation should include course number, date(s) taught, hours for each date, and topic. A completed course roster is acceptable documentation.

NOTE: EMS provider, continuing education, and rescue courses are considered to be any registered class.

- Be a current EMS provider at or above the EMT level
- Proof of current CPR certification as defined by the current EMS Information Bulletin
- Provide any other instructor requirements (e.g. Module I, II, III, IV)

Re-entry:

- Completed EMS Provider Certification Application
 - Candidate shall:
 - Provide documentation through the EMS Educational Institute or Continuing Education Sponsor of completed instructional hours of lapsed registration periods missed. Documentation should include course number, date(s) taught, hours for each date, and topic. A completed course roster is acceptable documentation.

- Be a current EMS provider at or above the EMT level
- Provide proof of current CPR certification as defined by the current EMS Information Bulletin
- OR candidate may repeat requirement for initial certification

Regional EMS Council only

1. Process:

- a. Log in to the EMSRS
- b. Search candidate
- c. Click in to profile
- d. Click “Instructor” tab
- e. “Check” Instructor box
 - i. In the” Instructor Issue Date” enter today’s date

NOTE: An EMS instructor's certification is deemed registered for three years after issuance. An EMS instructor shall register the EMS instructor's certification at three year intervals by completing an application for triennial registration. If a practitioner has a registration period that will expire prior to the instructor expiration date, the system will automatically give the practitioner an instructor certification expiration date that matches their registration expiration date. As per § 8124 of the EMS System Act Emergency medical services instructors must be certified and currently registered as an EMT or higher-level EMS provider.

- f. Click on “Notes” tab
 - i. Enter the following:
 - Date notation was made
 - “verified instructor credentials”
 - Entry person’s initials
 - Regional EMS Council name
 - ii. A letter should be sent to EMS Providers at or above the EMT level indicating the new EMS Instructor expiration date. A note indicating this should be placed in the profile

NOTE: If the EMS Instructor at any level fails to meet EMS provider re-registration requirements the EMS Instructor certification is deemed expired. A new EMS provider certification card and letter should be issued removing EMS Instructor certification.

- g. Save profile
- h. Print and mail certification materials
 - i. Certification Letter
 - ii. Regional process letter (Appendix)
 - iii. Two rockers (for initial)

COGNITIVE EXAM PROCESS

EMS Educational Institute Process:

- Inform Educational Institute to go to www.nremt.org to establish an account

Student Process:

- Candidate will go to www.nremt.org to create a profile and register, then schedule the date, time and location for the cognitive exam at www.pearsonvue.com
- Note:** Applicants are responsible for all requirements, costs and fees associated with exam(s)
- New or Upgraded certification level when registering on www.nremt.org
 - Select exam appropriate for the level of training completed.

Level of training completed	Level being sought	Initial Exam
EMR Student over 16	EMR	EMR Exam
EMT Student between 16 and less than 18	EMT	Assessment – EMT Exam
EMT Student 18 and over 18	EMT	EMT Exam
Advanced EMT Student	AEMT	Advanced EMT Exam
Paramedic Student	Paramedic	Paramedic Exam
PHRN Student	PHRN	Assessment – Paramedic
PHPE Student	PHPE	Assessment – Paramedic

NOTE: See Appendix page 88 for COGNITIVE/COMPUTER ADAPTIVE (written) Examination Selection for Lapsed Registration and/or additional examination attempts.

- Choose the level of exam that corresponds with the education you just completed (EMT student chooses EMT exam, current EMT student who completes the paramedic program chooses the paramedic exam) this will result (after successful completion of the exam) for the student/candidate to receive a NREMT certificate and a Pennsylvania certification at that level.
- Practitioners/Candidates eligible for NREMT Assessment examinations as prescribed below :
 - Lapsed (EXPIRED) Registration and attempting to regain Pennsylvania certification

NOTE: Candidates with Lapsed PA EMS Certifications must fulfill all continuing education and Core requirements prior to registering for an ASSESSMENT Examination.

- Between 16 and less than 18 years of age and seeking initial EMT Pennsylvania certification
- PHRN or PHPE candidates attempting to gain this level of certification
 - When registering on www.nremt.org , you will choose the **ASSESSMENT** Exam option for the level you are seeking. Examples below
- EXPIRED EMT must register for the **ASSESSMENT-EMT** exam

- For Reason to test, put re-licensure
- PHRN and PHPE candidates must register for the ASSESSMENT-PARAMEDIC exam
 - For Reason to test, put other
- Paramedic who fails to follow the continuing education and registration process must register for ASSESSMENT-PARAMEDIC exam.

Level of training completed	Level being sought	Exam
EMR Lapsed Registration	EMR	Assessment - EMR
EMT Student Between 16 & 18	EMT	Assessment - EMT
EMT Lapsed Registration	EMT	Assessment - EMT
Advanced EMT Lapsed Registration	AEMT	Assessment - AEMT
Paramedic Lapsed Registration	PA Paramedic Certification	Assessment - Paramedic
PHRN Student	PHRN	Assessment - Paramedic
PHRN Lapsed Registration	PHRN	Assessment - Paramedic
PHPE Student	PHPE	Assessment - Paramedic
PHPE Lapsed Registration	PHPE	Assessment - Paramedic

NOTE: Successful completion of ANY ASSESSMENT exam noted above will result in the issuance of Pennsylvania certification. Individuals seeking National Registry certification **MUST** follow the National Registry policies and procedures.

Regional EMS Council Process:

- Create a Regional EMS Council account at www.nremt.org in order to verify BLS students
 - Only 2 person from the Regional EMS Council is permitted to have this access

NOTE: The following must be done within 2 business days (with the exception of holidays then this must be completed the following business day) of a Pennsylvania Department of Health, Bureau of EMS Psychomotor exam to validate the successful completion of the exam and permit the student to attempt the cognitive exam at a Pearson Vue Testing Center.

- Log into www.nremt.org
- Choose the option for STATE EMS OFFICE
- Choose manage candidates
 - COURSE COMPLETION VERIFICATION

NOTE: This must be done by the EMS Educational Institute

- Select practical exam verification
- Select Application level
 - Under Application created date range choose

- Application created begin date
- Application created end date

NOTE: It is sometimes easier to have the dates 6 months apart to locate the students of a particular class

EMS Education Program

- Click the List and all EMS Educational Institutes will appear that have an account

NOTE: If you have students in a psychomotor exam that are not in your region, you still must verify their Practical Exam Verification

- Enter the CANDIDATE by Social Security Number
- **NOTE:** If you do not have the candidate's full Social Security Number, you can leave this field blank, and then choose select. If you do this, you will then have access to all students from a particular EMS Educational Institute's program that needs verified.
- Click Select

Click SUCCESSFUL PRACTICAL SKILLS COMPLETION in the line next to the student

- Enter the date (MM/YYYY) that the Psychomotor Exam was completed.

NOTE: This is for successful completion of ALL stations, which makes the candidate eligible for the cognitive exam

Click SUBMIT

CREDIT FOR CONTINUING EDUCATION

- 1 credit = 60 minutes of instruction
- Courses must be a minimum of 30 minutes.
- Providers cannot miss more than 15% of the course.
- Credit can only be received one time per renewal cycle per course.
- Credits cannot be carried over from one certification period to another.
- Credit will not be awarded for courses not completed. Classroom settings shall have a check in/check out process to ensure the provider has met the course educational objectives.
- Con. Ed Sponsor is responsible for ensuring the provider has met the course requirements.
- EMS provider or EMSVO teaching the course will receive the same credits for which the course is approved one time in a registration period. .
- EMS provider or EMSVO teaching the course will not receive continuing education credits when teaching the same course more than one time in the same registration period.
- EMS provider or EMSVO teaching the course will receive instructor credits when teaching the same course more than one time in the same registration period.
- Continuing Education Sponsors, EMS Providers, EMSVO and EMS Instructors will only receive continuing education credit for teaching the same course once per registration renewal cycle.
- EMS providers or EMSVO who attend or teach a course offered with National or State Accreditation may apply to receive credit.
- EMS providers or EMSVO have to prove the course met the standards required.
- Con. Ed credits can be sought for self-study courses. The EMS provider or EMSVO must apply to BEMS for credit prior to beginning the course.
- Con. Ed credits shall be awarded for courses not in a classroom setting as long as it was approved in that manner.
- A record of the Con. Ed credits for the EMS providers and EMSVO will be maintained by BEMS and may be accessed at <https://ems.health.state.pa.us/EMSPortal/Login.aspx>
- **It is the responsibility of the EMS provider or EMSVO to review their continuing education record for any discrepancies and to report any noted to the Regional EMS Council.**

Reference: EMS Systems Act Section 1023.32

EMS EDUCATIONAL INSTITUTE ACCREDITATION PROCESS

- Submit accreditation application to the regional EMS council. Re-accreditation applications should be submitted at least 180 days in advance, but not more than a year prior to expiration.
- Regional EMS council reviews form and supporting documentation.
- Within 30 days, regional EMS council conducts an onsite inspection for BLS

EMS Educational Institutes.

Orientation meetings covering the accreditation process should be conducted with each of the following:

- Administrative Director
- Medical Director
- Program and/or Course Coordinator
- Minimum of one Lead Instructor (if they don't hold one of the previous mentioned positions)
- Inspection process includes:
 - Record Keeping (per class and per student)
 - (1) Counseling documentation
 - (2) Test results
 - (3) Skills Sheets
 - (4) Patient Contact Completion forms
 - (5) NIMS/ICS/Hazmat certificates
 - (6) Signed Code of Conduct
 - (7) Additional signed policy requirements sheets per the Educational Institute
 - On and off campus sites
 - (1) Include physical address of each site
 - (2) Include physical location of each classroom
 - Personnel information
 - (1) Includes CV or resume for administrative director and medical director
 - (2) Includes CV or resume for Course Coordinator and Lead Instructors
 - Review and inspection of equipment
 - (1) Includes an inventory list of equipment and supplies
- ALS Educational Institutes must conform to the most current CoAEMSP guidelines.
 - ALS EMS Educational Institute inspections are completed by CoAEMSP and CAAHEP.
 - ALS EMS Educational Institutes accredited by CoAEMSP/CAAHEP shall be considered to have met requirements and shall be accredited.

- Before the end of the third year of Pennsylvania accreditation cycle, a renewal application must be submitted with updated personnel information.

NOTE: An inspection must be conducted to review equipment and supplies as CoAEMSP does not review these.

- COAEMSP accreditation is 5 years however ALS EMS Educational Institutes must be reaccredited every 3 years to maintain Pennsylvania accreditation.
- ALS Educational Institutes are responsible for any costs or fees associated with CoAEMSP and CAAHEP.
- Regional EMS council forwards recommendation to the Department with an endorsement or an explanation why the application isn't endorsed.
- Within 150 days, the Department will make a determination;
 - Full accreditation
 - Conditional accreditation
 - Non-Accreditation
- EMS Educational Institutes with full or condition status shall submit reports as requested.
- EMS Educational Institutes are subject to review, including records, facilities and equipment.
- Notification must be made by the Educational Institute at least 90 days prior to a change in ownership or control of the institute. Accreditation isn't transferrable.
 - All EMS Educational Institutes must notify the Regional EMS Council within 30 days of changes in executive level personnel.
- EMS Educational Institutes that intend to conduct courses under a regional EMS Council other than the one their accreditation is through must amend their application. The new application will be processed by the regional EMS Council and acted upon by the Department within 90 days.

Reference: EMS Systems Act Section 1025.2

EMS EDUCATIONAL INSTITUTE OPERATION REQUIREMENTS

- EMS Educational Institutes shall be one of the following;
 - Secondary or Postsecondary Institution;
 - Hospital;
 - Regional EMS council;
 - Educational institute in a branch of the armed forces;
 - OR an entity which meets the criteria set by 1025.1
- BLS Educational Institutes may conduct the following courses:
 - Emergency medical responder course (EMR)
 - Emergency medical technician course (EMT)
 - Advanced Emergency Medical Technician course (AEMT)
- ALS Educational Institutes may conduct the following courses:
 - Any course listed above;
 - Paramedic course
 - Pre-Hospital Registered Nurse course (PHRN)
- EMS Educational Institutes shall register the location and staffing plan of any certification courses at least 30 days prior to the first class.
- EMS Educational Institutes shall have an advisory committee;
 - Comprised of representatives of the EMS community, regional EMS Council, and institute's medical director;
 - Committee shall meet at least annually to establish goals and objectives and to monitor the EMS educational institute's performance.
- EMS Educational Institutes must disclose the following to students and perspective students;
 - Accreditation status;
 - Contact information for the regional EMS council and the department;
 - Institute's admissions, code of conduct for students and instructors, and discharge policies and practices;
 - Functional job analysis for each provider classification;
 - Requirements for completing each certification course, including notice of the books and materials required
 - Tuition fees and all other costs involved
 - Policy and process for withdrawal from a course and the refund of tuition and other fees;
 - Information on how students may perform clinical work while enrolled a course;
 - Percentage of students for the previous 3 years who enrolled in and completed each EMS provider educational course offered by the institute;

- Percentage of students for the previous 3 years, for each EMS provider course, who obtained EMS certification and a percentage of the students who obtained certification after first examination;
- Regulatory requirements for testing;
- Policies for prevention of all forms of harassment;
- EMS Educational Institute must have a medical director who is a physician with experience in emergency medical care and demonstrated ability in education and administration.
- Medical Director's responsibilities include;
 - Reviewing course content to ensure compliance;
 - Reviewing and approving criteria for recruitment, selection and orientation of faculty;
 - Providing technical advice and assistance to faculty and students by being an active member of the advisory committee;
 - Reviewing the quality and medical content of the education materials to ensure compliance with protocols;
 - Review new technology for training and education.
 - Signing skill verification forms for students.
- ALS Educational Institutes Medical Directors responsibilities include;
 - All of the above mentioned;
 - Approving content of COGNITIVE/COMPUTER ADAPTIVE (written) and practical skills examinations;
 - Identifying and approving facilities where students fulfill clinical and field internship requirements;
 - Identifying and approving individuals to serve as field and clinical preceptors;
 - Signing skill verification forms for students.
- BLS Educational Institutes shall have an administrative director with 2 years' experience in administration and 3 years of Pre-Hospital care.
- ALS Educational Institutes shall have an administrative director with 2 years' experience in administration and 3 years in ALS Pre-Hospital care, and a Bachelor's degree from an accredited school of higher education, and an EMS provider certification above AEMT.
- Administrative Director responsibilities include ensuring;
 - Adequacy of the process for screening student applications and the student selection process;
 - Adequacy of the screening and selection of instructors;
 - Adequate inventory of necessary educational equipment and that training equipment is properly maintained ;
 - Adequate administration of the course and COGNITIVE/COMPUTER ADAPTIVE (written) and practical skills examinations involved in the course;
 - There is a system for maintenance of student records and files;

- There is an appropriate mechanism to resolve disputes between students and faculty;
- Administrative director shall serve as the liaison between the EMS educational institute, the Department and the regional EMS council. Another person may be designated to perform this function as long as they are monitored by the administrative director.
- EMS educational institute shall designate a course coordinator for each course.
- Course coordinator shall satisfy the following requirements;
 - Reading and language skills commensurate with resource materials being utilized;
 - Knowledge of the Statewide EMS protocols, the regional EMS protocols, the National Education Standards and the National Registry of EMT's;
 - Three years of clinical experience providing Pre-Hospital care at or above the EMT level (BLS);
 - Three years of clinical experience providing Pre-Hospital care at or above the AEMT level (ALS);
 - Certification as an EMT Instructor.
- Course coordinator is responsible for management and supervision of each course they serve as the course coordinator.
- Specific duties of the course coordinator shall be assigned by the EMS educational institute.
- One person may serve as both the administrative director and a course coordinator.
- EMS educational institute shall ensure availability of qualified instructors.
- EMS educational institute shall make available faculty development for EMS instructors in concepts of utilizing a variety of instructional strategies, adapting to students with diverse backgrounds and different learning styles and be responsible to ensure that the instructors are competent in providing education employing those strategies.
- Instructors shall be 18 years or older and possess a high school diploma or GED.
- At least 75% of instruction shall be provided by instructors who are either of the following;
 - EMS instructors certified by the Department who have at least 3 years' experience as an EMS provider at or above the level they are instructing and at least 2 years' experience teaching EMS courses at or above the level they are teaching;
 - Determined by the course coordinator and medical director to meet or exceed these standards.
- Medical Director, in conjunction with course coordinator, is responsible for verifying the special expertise of an instructor who doesn't satisfy the above requirements and for specifying the portion of the curriculum they are able to teach.
- Instructors are responsible for presenting course materials in accordance with the established curriculum.
- EMS education institutes shall ensure the availability of clinical preceptors;
 - Clinical preceptors are responsible for the supervision and evaluation of students while fulfilling clinical requirements.
 - EMS educational institutes shall ensure the availability for qualified field preceptors for each student enrolled in a course at or above AEMT level.

- EMS educational institutes shall ensure the availability of a qualified field preceptor for each student below an AEMT level for which it provides a field internship.
- EMS educational institutes shall use as a field preceptor an EMS provider who is certified at or above the level of the course being taught.
- Field preceptors are responsible for the supervision and evaluation of students while fulfilling a field internship. A field preceptor shall directly supervise a student's performance of any EMS skills which the student isn't certified to perform.
- EMS educational institute shall maintain educational facilities necessary for the provision of EMS provider educational courses, including satisfying State and Federal standards. Facilities shall include classrooms, space for equipment storage, and be of sufficient size and quality to conduct didactic and practical skills performance sessions.
 - Regional EMS Councils shall inspect these facilities and deem them acceptable or unacceptable based on these conditions. Facilities should be clean, safe, and should enhance the education process by being free of interruptions and distractions.
- EMS educational institutes shall provide, properly prepare and maintain essential equipment and supplies to administer the course.
 - EMS educational institute shall have the following operating procedures;
 - Adopt and implement a nondiscrimination policy;
 - Maintain a file on each enrolled student which includes class performance, practical and COGNITIVE/COMPUTER ADAPTIVE (written) examination results, and student progress reports;
 - Provide a mechanism by which students may grieve decisions made by the institute regarding dismissal from the course;
 - Provide students with preparation for testing;
 - An ADA Accommodations policy;
 - An advertised attendance policy;
 - Minimum and maximum class sizes;
 - Counseling policy to include contact information of how to initiate counseling;
 - Course schedule for each course;
 - Course syllabus for each certification level including course objectives, competencies and description of course;
 - Harassment policy;
 - Rules of Conduct;
 - Insurance verification for the liability of the Instructors and the Institution;
 - Student's rights and responsibilities;
 - Successful completion criteria;
 - Cost of the course per each student for each certification level;
 - College credit policy;

- A policy for regarding the transfer of a student into or out of a course from one educational institute to another;
- A continuing quality improvement process in place for students, instructors, and clinical evaluation;
- Require each student to complete an application provided by the Department;
- Require each student to complete and submit the form for reporting criminal convictions, discipline and exclusion from a State or Federal health care program. Inform each student it is their duty to report any changes in this information to the Department.
- Forward a copy of the form completed for criminal convictions to the regional EMS council, no later than 14 days after the first class session;
- Prepare a course completion form for each student who successfully completes the course and forward that form to the regional EMS council, no later than 14 days after completion of the course.
- Participate in EMS educational institute system evaluation activities as requested by the Department.
- Forward to Regional EMS Council proof of completion of ICS 100, ICS 700, BEMS approved Hazmat course (EMR & EMT) and completion of 10 patient contacts (EMT only) prior to 30 days of course completion
- EMS educational institute and an applicant for EMS educational institute shall make available to the Department or regional EMS council, upon request, its educational facility for inspection and provide them with complete and accurate records relating to the institutes compliance of requirements.

Reference: EMS Systems Act Section 1025.1

INITIAL & CONTINUING EDUCATION REQUIREMENTS

Initial Certification Requirements

Certification	Minimum Age	Course/license Requirements	Current CPR required	Registration period	COGNITIVE/COMPUTER ADAPTIVE (written) exam required	Psychomotor (practical) exam required	Other
EMSVO without EMS certification	18	EVOC	N/A	3 years **	N/A	N/A	Current driver's license
EMR	16	EMR	Yes	3 years	Yes	Yes	
EMT	16	EMT	Yes	3 years	Yes*	Yes	
AEMT	18	AEMT or EMT + required coned and skills	Yes	2 years	Yes	Yes	
Paramedic	18	Paramedic	Yes	2 years	Yes	Yes	
PHRN	18	Pennsylvania RN	Yes	2 years	Yes	Yes	
PHPE	18	Pennsylvania Physician Assistant	Yes	2 years	Yes	Yes	
PHP		Residency Program (defined in Section 1023.30 i) in addition to ACLS, APLS or PALS, ATLS	Yes	2 years	No	Yes	

* Candidates Ages 16-18 take NREMT Cognitive Assessment Examination

** EMSVO with EMS certification, registration period is concurrent with EMS provider certification.

Continuing Education Requirements

Certification	Renewal Cycle	Total Credits	Prorated per month	Prorated per year	Credits in Patient Care or Core	CPR (completed or taught)
EMSVO	2 year/3 year	2/3* **	0	1	2/3	NA
EMR	3 year	16	0.5 (bimonthly)	5.5	12	Biennially
EMT	3 year	24	2.0 (Quarterly)	8	18	Biennially
AEMT	2 year	36	1.5	18	27	Biennially
Paramedic	2 year	36	1.5	18	27	Biennially
PHRN	2 year	36	1.5	18	27	Biennially
PHPE	2 year	36	1.5	18	27	Biennially
PHP	2 year	36	1.5	18	27	Biennially

*Required in addition to the credits required for EMS provider certification.

**The EMSVO affiliated with a QRS that does not function on an ambulance does not have continuing education requirements.

Reference: EMS Systems Act 1023.22, 1023.24, 1023.25, 1023.26, 1023.27, 1023.28, 1023.29, 1023.30, 1023.31

LAPSE OF EMS REGISTRATION FOR ALL EMS PROVIDER LEVELS

Note: EMS Providers that reside outside the commonwealth must maintain affiliation with a PA Licensed EMS Agency to qualify for recertification.

EMS Provider expired within 2 years must meet following requirements:

- 1) Completion of EMS Provider certification application Page 68
- 2) Proof of previous EMS certification
- 3) Proof of current CPR certification
- 4) Proof of clinical care and core continuing education credits
- 5) Create an account on www.nremt.org and submit for approval from Regional EMS Council
- 6) Successful completion of the National Registry of EMT (NREMT) cognitive Assessment Examination

NOTE: If Active Military see exceptions below

EMS Provider expired more than 2 years must meet the following requirements:

- 1) Completion of EMS Provider certification application
- 2) Proof of previous certification

NOTE: Pre 1995 National Standard Curriculum (NSC) is not eligible

- 3) Proof of current CPR certification
- 4) Proof of clinical care and core continuing education credits for each lapsed registration period refer to continuing education chart on page 48 for prorated Continuing Education Requirements.

NOTE: EMSVO with a Lapsed registration and an EVOC certificate older than 2 years shall complete a new EVOC/EVDT course to reregister.

- 5) Create an account on www.nremt.org and submit for approval from Regional EMS Council

NOTE: This will NOT provide a National Registry certification this exam is only used as a validation to receive state certification. Students are responsible for all fees/costs associated with the certification testing process.

- 6) Successful completion of the Pennsylvania / National Registry of EMT (NREMT) Psychomotor examination
- 7) Successful completion of the National Registry of EMT (NREMT) Cognitive exam (see matrix in the Appendix)

NOTE: All BLS certifications expire the last day of the quarter at midnight

Regional EMS Council Process:

- 1) Refer to the BLS Psychomotor exam process and cognitive exam verification

Reference: EMS Systems Act 1023.21 Section E

Military Reinstatement/Exemption

NOTE: Military applicants seeking Military Reinstatement/Exemption must present themselves at a Pennsylvania Regional EMS council office and bring a Government Issued photo ID to complete the reciprocity process

An EMS provider or EMSVO who returns from **active military service** and who had a certification registration expire during a tour of duty or will have a certification registration expire within 12 months after returning from active military service may secure an exception to the certification registration

- Applicant will furnish the following:
- Completed Student Application located at <https://ems.health.state.pa.us/emsportal> (See Appendix page 60 for instructions)
 - Completed EMS Provider Certification Application Page 68
 - Proof of clinical patient care and core continuing education credits
 - Proof of EMSVO continuing education credits (if applicable)
 - Proof of Military training
 - Original government issued photo ID for proof of age (See Note)
 - Proof of current CPR certification as defined by current EMS Bulletin
 - Copy of current state and/or National Registry certification
 - Military applicants with current National Registry and/or lapsed PA registration must provide proof of military service
 - DD 214 form (military verification) or
 - DD form 2-1 or equivalent document (For current Military active duty service)
 - Military ID
 - The Pennsylvania department of Health determines criteria is equivalent to the criteria or type of EMS provider
 - The Pennsylvania Department of Health can provide certification reciprocity only for certifications recognized in PA
- Completed verification for EMS practitioner form

NOTE: Provider seeking reciprocity must present themselves at a Pennsylvania Regional EMS council office and bring a government issued photo ID to complete the reciprocity process

Regional EMS Council Process

Note: See Appendix for Codes (Reciprocity codes will automatically give the applicant a 3 year expiration date, which **MUST** be changed to match current recognized certification expiration date. Continuing Education requirements will be prorated for the initial certification period)

1) Complete online student application (Completed by practitioner or Regional Council staff)

Note: See appendix for codes

2) Log into EMSR

- a) Click on Continuing Education Record/EMSRS
- b) Click on Approve Student Apps
- c) Click on Practitioners name
- d) Enter Certification Class number (2 Digit year +2 digit reciprocity code +3 digit region code)
- e) Click on approve
- f) Click on Return to Student Submitted App Queue
- g) Click on home
- h) Click on certification by endorsement
 - i) Select individual's name that is listed
 - ii) Fix any spelling or spacing errors in name and address
 - iii) Enter email address
 - iv) Check certification by endorsement under certifications tab
 - v) Enter the authorization date
 - vi) Enter the CPR expiration date
 - vii) Enter in NOTES tab "Date of action, Reciprocity from XX State, recognized certification with expiration date, and your initials or user ID"
 - viii) Click save profile
- i) Delete the entry from the certification by endorsement queue
- j) Individual will show up in the output queue
- k) Delete certification materials from output queue
- l) Look practitioner up in EMSRS
- m) Change the expiration date to match the expiration date on the reciprocal State certification card.
- n) Click on Notes tab, Enter date of action, reason for date change and initials or user ID
- o) Click save profile
- p) Add new certification materials into the output queue
- q) From the "Queue Summary" page;
 - i) Print certificates
 - ii) Print letters
 - iii) Print wallet cards
 - iv) Provide 2 (two) certification patches

ENDORSEMENT OF COURSE OR EXAMINATION

NOTE: Provider seeking endorsement of a certification, course or examination must present themselves at a Pennsylvania Regional EMS council office and bring a Government Issued photo ID to complete the endorsement process

- Applicant will furnish the following:
- Completion of Student Application located at <https://ems.health.state.pa.us/emsportal> (See Appendix page 60for instructions)
- Completion of EMS Provider Certification Application Page 68
- Proof of Lapsed or current PA Certification (For Endorsement of Certification)
- Proof of course completion (per most current EMS Information Bulletin)
- Proof of successful completion of examination
- Proof of current CPR certification as defined by current EMS Information Bulletin
- Provide government issued photo ID for proof of age
- Certified** Criminal History from state or states certified (If multiple states Certified Federal Criminal History in lieu of multiple state Certified Criminal History)
- [Regional Council Use] reviews and verifies all documents provided
 - If positive criminal history follow criminal history process

If the course is approved by the DOH BEMS and applicant is not required to complete an examination:

NOTE: this process is intended to grant constructive credit to meet the requirements for certification.

- Follow Regional Council process below

[Regional Council Use] If course is approved (see appendix) and the applicant is eligible to follow exam process:

- Provide information for psychomotor exam, location(s), date(s) and requirements

NOTE: Applicants must have photo ID with them at the exam site

- Inform candidate to go to www.nremt.org and www.pearsonvue.com to create a profile and register for cognitive exam
 - Notify applicant that they are responsible for all requirements, costs and fees associated with exam(s)

Regional EMS Council Process:

Note: See Appendix for codes

1) Complete online student application (Completed by practitioner or Regional Council staff)

Note: See appendix for codes

2) Log into EMSR

- Click on Continuing Education Record/EMSRS
- Click on Approve Student Apps
- Click on Practitioners name
- Enter Certification Class number (2 Digit year +2 digit reciprocity code +3 digit region code)
- Click on approve
- Click on Return to Student Submitted App Queue
- Click on home
- Click on certification by endorsement
 - Select individual's name that is listed
 - Fix any spelling or spacing errors in name and address
 - Enter email address
 - Check certification by endorsement under certifications tab
 - Enter the authorization date
 - Enter the CPR expiration date
 - Enter in NOTES tab "Date of action, AA to EMR Transition, recognized certification with expiration date, and your initials or user ID"
 - Click save profile
- Delete the entry from the certification by endorsement queue
 - Individual will show up in the output queue
 - Delete certification materials from output queue
- Look practitioner up in EMSRS
- Change the expiration date to match the expiration date on the reciprocal State certification card.
- Click on Notes tab, Enter date of action, reason for date change and initials or user ID
- Click save profile
- Add new certification materials into the output queue
- From the "Queue Summary" page;
 - Print certificates
 - Print letters
 - Print wallet cards
- 1. From the "Queue Summary" page print certificates, letters and wallet cards

Reference: EMS Systems Act Section 1023.33

RECIPROCITY

NOTE: Provider seeking reciprocity must present themselves at a Pennsylvania Regional EMS council office and bring a government issue photo ID to complete the reciprocity process

- Applicant will furnish the following:
- Completed Student Application located at <https://ems.health.state.pa.us/emsportal> (See Appendix page 57 for instructions)
 - Completed EMS Provider Certification Application Page 68
 - Original government issued photo ID for proof of age (See Note)
 - **Certified** criminal history background check from:
 - Current and previous state(s) of residence and
 - State(s) where certification is held and/or was held.(if applicable)
 - Driver's license History
 - EMS Affiliation Form

NOTE: EMS Affiliation is MANDATORY for issuance of certification

- Proof of current CPR certification as defined by current EMS Bulletin
- Copy of current state and/or National Registry certification
- Military applicants with current National Registry must provide proof of military service
 - DD 214 form (military verification) or
 - DD form 2-1 (For current Military active duty service)
 - Military ID
- The Pennsylvania department of Health determines criteria is equivalent to the criteria or type of EMS provider
 - The Pennsylvania Department of Health can provide certification reciprocity only for certifications recognized in PA
- Completed verification for EMS practitioner form

NOTE: Provider seeking reciprocity must present themselves at a Pennsylvania Regional EMS council office and bring a government issued photo ID to complete the reciprocity process

Regional EMS Council Process

Note: See Appendix for Codes (Reciprocity codes will automatically give the applicant a 3 year expiration date, which **MUST** be changed to match current recognized certification expiration date. Continuing Education requirements will be prorated for the initial certification period)

Upon receipt of verification form:

- 3) Check for approval from state which applicant has current certification and verify there are no administrative actions or restrictions connected to the certification
 - a) Verify the expiration date of the current state or national registry certification
 - i) To check status is National Registry
 - (1) Go to www.nremt.org
 - (2) Log in under your user name
 - (3) Click “check status of Nationally Certified EMS Professional”
 - (4) Enter NREMT certification number
 - (5) Click “submit”
 - (6) Print page for proof of certification
 - ii) Regional Council will add the issue date so that the expiration date, does NOT exceed the current expiration of the state or national registry expiration date.

Note: See appendix for codes

- 4) Complete online student application (Completed by practitioner or Regional Council staff)

Note: See appendix for codes

- 5) Log into EMSR
 - a) Click on Continuing Education Record/EMSRS
 - b) Click on Approve Student Apps
 - c) Click on Practitioners name
 - d) Enter Certification Class number (2 Digit year +2 digit reciprocity code +3 digit region code)
 - e) Click on approve
 - f) Click on Return to Student Submitted App Queue
 - g) Click on home
 - h) Click on certification by endorsement
 - i) Select individual’s name that is listed
 - ii) Fix any spelling or spacing errors in name and address
 - iii) Enter email address
 - iv) Check certification by endorsement under certifications tab
 - v) Enter the authorization date
 - vi) Enter the CPR expiration date
 - vii) Enter in NOTES tab “Date of action, Reciprocity from XX State, recognized certification with expiration date, and your initials or user ID”
 - viii) Click save profile

- i) Delete the entry from the certification by endorsement queue
- j) Individual will show up in the output queue
- k) Delete certification materials from output queue

- l) Look practitioner up in EMSRS
- m) Change the expiration date to match the expiration date on the reciprocal State certification card.
- n) Click on Notes tab, Enter date of action, reason for date change and initials or user ID
- o) Click save profile
- p) Add new certification materials into the output queue
- q) From the “Queue Summary” page;
 - i) Print certificates
 - ii) Print letters
 - iii) Print wallet cards

 - iv) Provide 2 (two) certification patches

Reference: EMS Systems Act 1023.34

Downgraded Certification or Practice

NOTE: Providers above the level of AEMT seeking downgrade must request downgraded certification or practice in writing through the local PA Regional EMS Council to the Pennsylvania Department of Health, Bureau of EMS.

- EMS Provider Above the level of AEMT will furnish the following:
 - Written request for downgraded certification or practice
 - All Pennsylvania certification materials above the level of AEMT

Regional EMS Council Process

Upon receipt of downgraded certification or practice request:

- 1) Check for signature on written request.
- 2) Verify the expiration date on certification materials
 - a) Certification materials must not be expired.
 - b) If certification expired provider must have met the Continuing Education requirements for the lower level.
- 3) Log into EMSRS
 - a) Click on Continuing Education Record/EMSRS
 - b) Click on Practitioner Search
 - c) Enter Certification number or Name
 - d) Click on submit
 - i) Select individual's name that is listed
 - ii) Fix any spelling or spacing errors in name and address
 - iii) Enter or update email address
 - iv) Select lower certification requested
 - v) Change the Expiration Date as appropriate for the certification level.
 - vi) Enter in NOTES tab "Date of action, Reason for downgrade, downgraded certification with expiration date, and your initials or user ID"
 - e) Under the Certifications tab, Click on "Print Certification Materials" to place certification materials in the output queue.
 - f) Individual will show up in the output queue

- g) Click save profile
- h) From the “Queue Summary” page;
 - i) Print certificates
 - ii) Print letters
 - iii) Print wallet cards
 - iv) Provide 2 (two) certification patches

Reference: EMS Systems Act Rules and Regulations 1023.21

APPENDIX

EMS EDUCATIONAL RESOURCE GUIDE

Emergency Medical Services of Northeastern PA, Inc.

169 CenterPoint Boulevard
Jenkins Township, PA 18640-6134
(570) 655-6818 (800) 427-1911
Fax (570) 655-6824
Counties: Bradford, Susquehanna,
Lackawanna; Luzerne; Pike; Wayne;
Wyoming
www.emsnp.org
emsnp@emsnp.org

LTS EMS Council

542 County Farm Road, Suite 101
Montoursville, PA 17754-9621
(570) 433-4461 Fax (570) 433-4435
Counties: Lycoming; Tioga; Sullivan
www.lyco.org
LTSinfo@lyco.org

Montgomery County Emergency

Medical Services
Office of Emergency Medical Services
1175 Conshohocken Road
Conshohocken, PA 19428
(610) 278-2666 Fax (610) 278-6254
County: Montgomery
www.montcopa.org/dps
emsinfo@montcopa.org

Philadelphia EMS Council

Philadelphia Fire Department
3061 Island Ave
Philadelphia, PA 19153
(215) 685-4216 Fax (215) 685-4207
County: Philadelphia
www.phila.gov
pfd.regems@phila.gov

Seven Mountains EMS Council, Inc.

523 Dell Street
Bellefonte, PA 16823
(814) 355-1474
Counties: Centre; Clinton; Columbia;
Juniata; Mifflin; Montour;
Northumberland; Snyder; Union
www.smemsc.org
mwolfgang@smemsc.org

Southern Alleghenies EMS Council, Inc.

123 Olde Farm Office Road
Duncansville, PA 16635
(814) 201-2265 Fax (814)696-0101
Counties: Bedford; Blair; Cambria;
Fulton; Huntingdon; Somerset
www.saems.com
saems@saems.com

PENNSYLVANIA REGIONAL EMERGENCY MEDICAL SERVICES COUNCILS

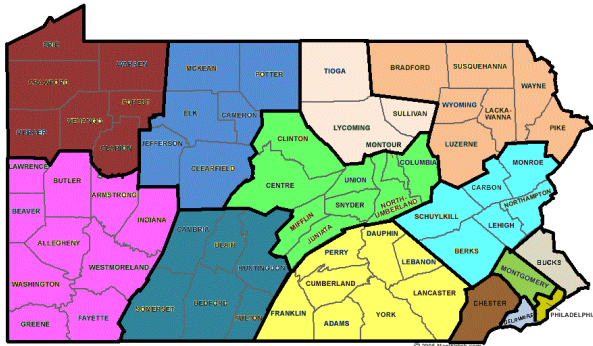
**EMS EDUCATIONAL
RESOURCE GUIDE
For Questions & Exam
Assistance**



Pennsylvania Department of Health
**Bureau of Emergency Medical
Services**
Room 606, Health & Welfare Bldg
625 Forster Street
Harrisburg, PA 17120-0701
(717) 787-8740
FAX (717) 772-0910

<http://www.portal.state.pa.us/portal>

There are fourteen (14) Regional EMS Councils throughout the Commonwealth, whose function is to plan, develop, maintain, expand and improve EMS systems within a specific geographical area of this Commonwealth. Each regional council is listed and is color-coded to the map below.



Bucks County Emergency Health Services

1000 N. Broad Street
 P.O. Box 100
 Ivyland, PA 18974-5109
 (215) 340-8735 Fax (215) 957-0765
 County: Bucks
www.bcehs.com
Info@bcehs.com

Chester County EMS Council

Department of Emergency Services
 601 Westtown Road -- Suite 12
 P.O. Box 2747
 West Chester, PA 19380-0990
 (610) 344-5000 Fax (610) 344-5050
 County: Chester
www.chescoems.org
hemoore@chesco.org

Delaware County EHS Council, Inc.

Government Center Building, Room G-5
 201 W. Front Street
 Media, PA 19063-2708
 (610) 891-5310 Fax (610) 891-5375
 County: Delaware
<http://www.co.delaware.pa.us/intercommunity/ems>
webmaster@co.delaware.pa.us

Eastern Pa EMS Council, Inc.

4801 Kernsville Road, Suite 100
 Orefield, PA 18069-2317
 (610) 820-9212 Fax (610) 820-5620
 Counties: Berks; Carbon; Lehigh; Monroe;
 Northampton; Schuylkill
www.easternemscouncil.org
info@easternemscouncil.org

EHS Federation, Inc.

722 Limekiln Road
 New Cumberland, PA 17070-2354
 (717) 774-7911 Fax (717) 774-6163
 Counties: Adams; Cumberland; Dauphin;
 Franklin; Lancaster; Lebanon; Perry; York
www.ehsf.org
info@ehsf.org

Emergency Medical Service Institute

1000 N. Hill Road
 Pittsburgh, PA 15205-9006
 (412) 242-7322 Fax (412)787-2340
 Counties: Allegheny; Armstrong; Beaver;
 Butler; Fayette; Greene; Indiana; Lawrence;
 Washington; Westmoreland
www.emsi.org

info@emsi.org

EMMCO East, Inc.

1411 Million Dollar Highway
 Kersey, PA 15846-9327
 (814) 834-9212 Fax (814)781-3881
 Counties: Cameron; Clearfield; Elk; Jefferson;
 McKean; Potter
www.emmcoeast.org
info@emmcoeast.org

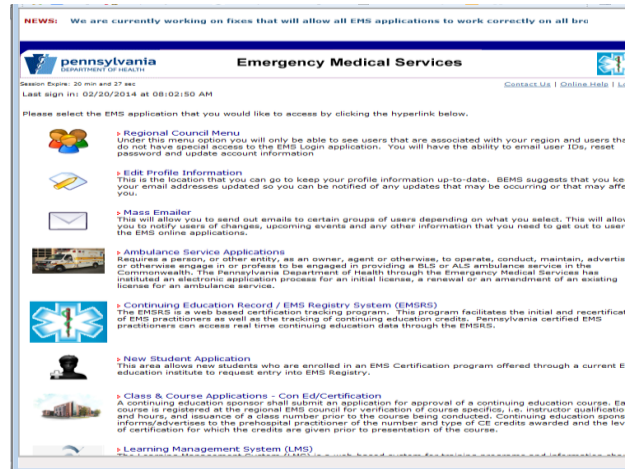
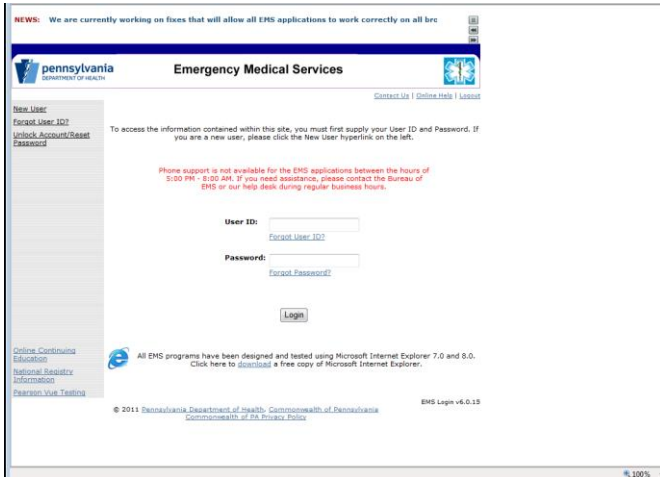
EMMCO West, Inc.

16271 Conneaut Lake Road, Suite 101
 Meadville, PA 16335-3814
 (814) 337-5380 FAX (814) 337-0871
 Counties: Clarion; Crawford; Erie; Forest;
 Mercer; Venango; Warren
www.emmco.org
mail@emmco.org

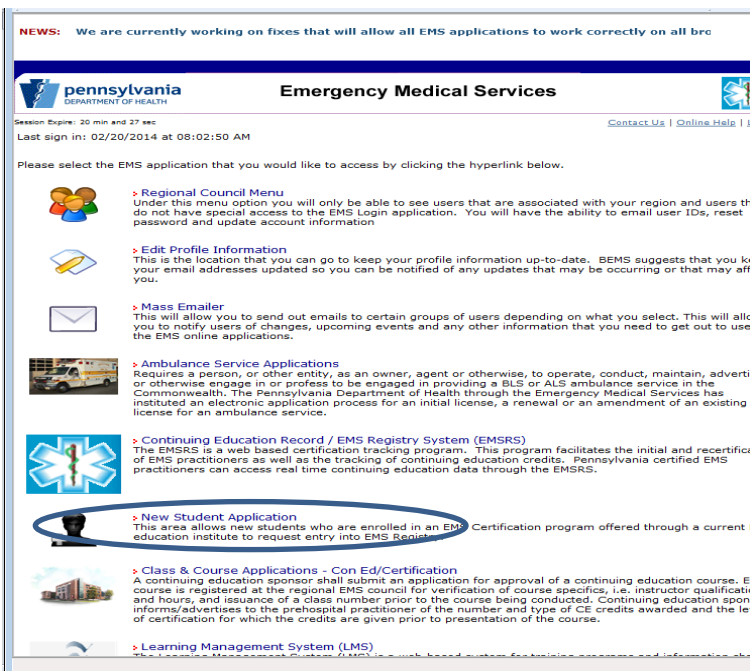
STUDENT APPLICATION INSTRUCTIONS

The information provided on this application is secure and will only be shared with your EMS Educational Institute, PA Regional Council staff and The Bureau of EMS staff. Do NOT make any changes to the profile information or password as this may delay the processing of your application.

Step 1, go to <https://ems.health.state.pa.us/emsportal> This page is known as the EMS Application page or EMS Portal. Log in with the user ID and password provided by the Regional EMS Council. DO NOT attempt to change the user profile information or password. Your information is secure!



Step 2, Find **“New Student Application”** By clicking on this link you will enter the student application as seen in the lower right. Once the information is submitted it will go to the PA Regional EMS Council and is only viewable by Regional Council and Bureau of EMS staff.



Step 3, Complete the form down to certification class number. Enter the certification class code. (See chart below if not attending a certification course) Then click submit. **Once the information is submitted it will go to the Regional EMS Council and is only viewable by Regional Council staff and Bureau of EMS staff.** If you receive an error message at the top of this page after you click on the submit disregard the message and log out, your application will still appear in the Regional Council queue. **Your Name, address, Date of Birth and social security number must match the information provided to NREMT.**

Emergency Medical Services

Create New Student Application -

Fill in all personal information fields as prompted. The name you include in this area should be the same as what appears on your driver's license (or the ID you will present at the testing center), and is what will appear certificate and card upon successful completion of the examination.

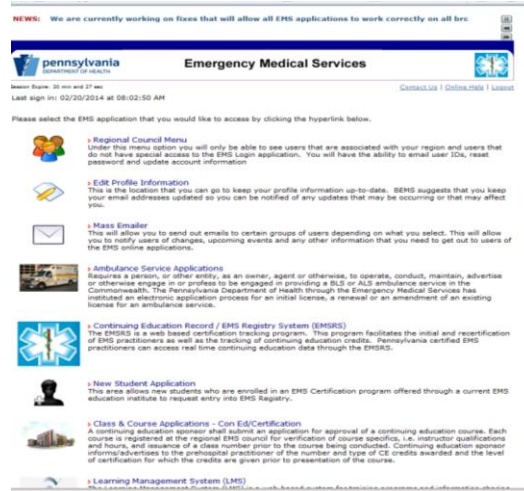
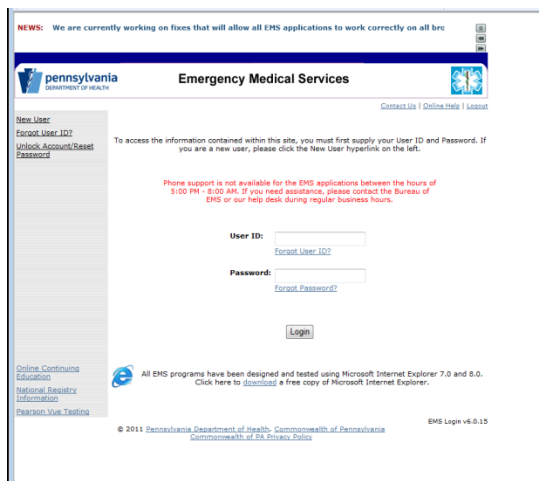
First Name: -
Last Name: -
Middle Initial:
Suffix: -
Address: -
City: -
State: -
ZIP Code: -
County: -
Region: -
Birth Date: (MM/DD/YYYY) -
Phone Number: - - (XXX-XXX-XXXX)
SSN: -
Level: -
Gender: -
Education Level: -
Race: -
Certification Class Number: -
Certification Number:
Valid: -
Accommodation: -

Code	Level
AATR	Ambulance Attendant to EMR transition
RECIPRO	Reciprocity
RENEW	Certification Renewal
PHRN	Pre-Hospital Registered Nurse
EMSVO	Emergency Medical Service Vehicle Operator
PHYS	Physician
PHPE	Pre-Hospital Physician Extender
PHPE	Pre-Hospital Physician
MED CMD	Medical Command Physician

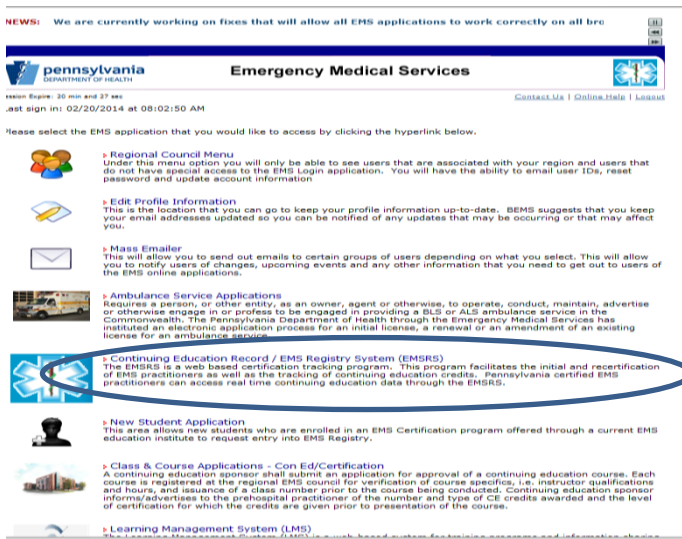
NATIONAL REGISTRY SUBMISSIONS QUEUE

The steps outlined below are for Regional Council processing of national registry examination results that are populated in the Regional EMS Council “National Registry Submissions” queue. When these results are processed using the steps below the candidates will then be certified.

Step 1, go to <https://ems.health.state.pa.us/emsportal> and log in using your EMS portal log in. This page is known as the EMS Application page or EMS Portal.



Step 2, Find the blue star of life and then left click on, “Continuing Education Record / EMS Registry System (EMSRs)” also known as the EMS portal. By clicking on this link you will enter the EMS portal also known as your queues as shown below.



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Emergency Medical Services

Home | EMS Practitioner | Reports

Session Expires: 10 min and 54 sec

Queue Summary - EHS Federation, Inc.
Thursday, February 20, 2014

Import Problems	22	Output	69
Con-Ed	4	Certificates	23
NR	0	Certification Letters	18
Student Application	8	Failure Letters	2
Test Results	10	Wallet Cards	17
		CE Status	0
		Instructor Expiration Letters	0
		Instructor Renewal Letters	9
Approve Student Apps	0	National Registry Submissions	1
Certification By Endorsement	0	Instructor	0

Application List 2/20/2014 6:32:59 AM Logout

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Step 3, Click on “National Registry Submissions” link (circled below). When clicking on this link you will then see your current submissions as pictured below on the right.

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Contact Us | Online Help | Logout

Login > Application List > Registry Home

Queue Summary - EHS Federation, Inc.
Thursday, February 20, 2014

Import Problems	22	Outfit	69
Conc-Ed	4	Certificates	23
NR	0	Certification Letters	18
Student Application	0	Failure Letters	2
Test Results	10	Wallet Cards	17
		CE Status	0
		Instructor Expiration Letters	0
		Instructor Renewal Letters	0
Approve Student Apps	0	National Registry Submissions	1
Certification By Endorsement	0	Invocert	0

Application List 2/20/2014 8:33:59 AM Logout

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Login > Application List > Registry Home > Edit NR

Submission Date	Name	Date of Birth	Street Address 1	Street Address 2	City	County	ZIP Code	
Edit 01/15/2014								Delete

Application List 2/20/2014 9:45:59 AM Logout

Registry v

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Step 4, click on edit to open the record. Please note, in some cases you will find submissions for practitioners that are already certified in Pennsylvania. Please process those records just like any other submission. It will not affect the practitioner’s certification. Do not delete those records unless you are 100% sure that this is a duplicate submission

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Login > Application List > Registry Home > Edit NR

Submission Date	Name	Date of Birth	Street Address 1	Street Address 2	City	County	ZIP Code	
Edit 01/15/2014							26541	Delete

Application List 2/20/2014 9:45:59 AM Logout


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Step 5, View the record and take note of the level and the training site code. In the example viewed below, this practitioner has taken the Paramedic Assessment Exam. The two identifying factors are 1. The level is Paramedic and 2. The training site code is 999PA. The training Site code of 999 or 999PA will only show on an assessment examination. The only candidates that take these exams currently are PHRN candidates, EMT reinstatements and EMT candidates that are under 18 years of age. PHRN candidates will only take the Paramedic Assessment exam. EMT reinstatements and EMT candidates that are under 18 years of age will only take the EMT Assessment examination.

Home | EMS Practitioner | Reports
 Search Page: 20 min and 13 sec CONTACT US | ONLINE HELP | LOGOUT
 Login > Application List > Registry Items > Edit NR

Edit National Registry -

NR EMT Number: 

Application Level: Paramedic

SSN:

Last Name:

First Name:

Middle Initial:


Street Address 1:

Street Address 2:

City:

State:

Zip: 26541


Region: EHS Federation, Inc. 

Date Of Birth:

Gender: M

Special Condition: N

NREMT Expiration Date:

Training Site Code:  9999A

Course Date: 12/01/13

Refresher Date:

Exam Status: Failed

Exam Date: 12/23/13

Attempt Number: 1

Certification Class Number: *

Certification Number:

Submission Date: 1/15/2014 7:53:46 AM

Step 6, Enter the 7 (Seven) Digit certification class number without the dashes..

Note: When processing results of a candidate who has successfully completed the National Registry Cognitive process but not obtained National Registry certification due to no psychomotor exam results being entered and/or not verifying the psychomotor exam on the NREMT web page, the results will be applied to the candidate record but may not certify the candidate.

PHRN certification class number will be the two digit year (14) the two digit level or code (40) three digit the class number will be entered as 1440003.

EMT reinstatements will be entered as two digit year (14) the two digit level or code (71) and three digit region number (003). The certification class number 1471003 will be entered.

Additional codes can be found below. Reciprocities are not processed through the National Registry submissions queue.

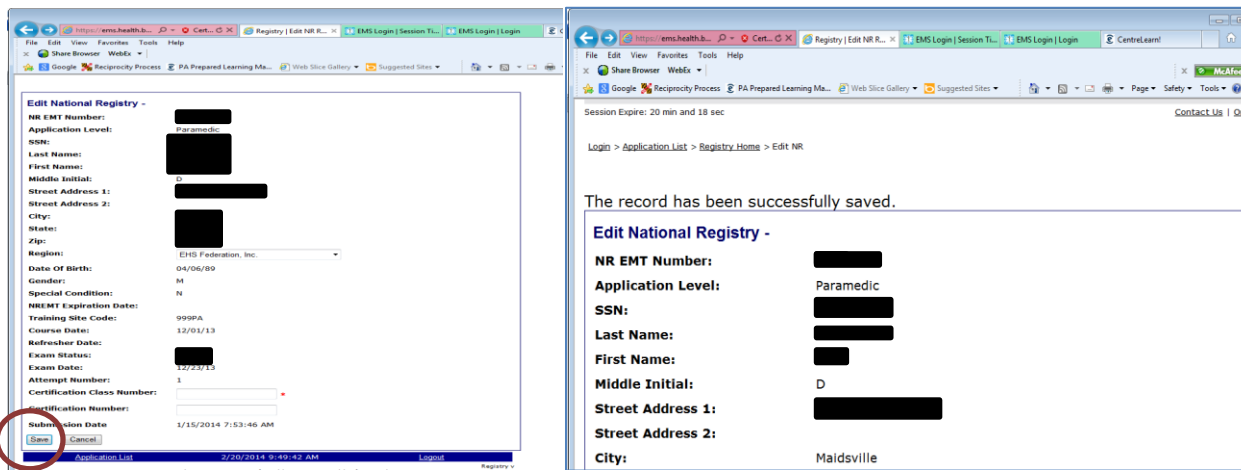
Certification Types

13	EMR Reciprocity
16	Paramedic Reciprocity
37	EMT Reciprocity
12	EMR reinstatement
32	EMT reinstatement with exam
71	EMT reinstatement
40	PHRN Reinstatement/Certification
66	Pre-Hospital Physician Extender
46	Physician

Region Codes

Bucks	10
Chester	11
Delaware	12
Eastern	02
EHS Federation	03
EMSI	04
EMMCO East	19
EMMCO West	18
Northeastern	05
LTS	07
Montgomery	13
Philadelphia	14
Seven Mountains	08
Southern Alleghenies	09
Susquehanna	15

Step 7, click on the Save as noted on the picture on the next page on the top left. Please note if you receive an error message **DO NOT CLOSE YOUR WEB BROWSER, CALL BEMS IMMEDIATELY**. If you cannot contact BEMS click on your back button or press on your “Backspace” button on the keyboard to go back to the previous screen. Remove the certification class number from the record and change the region to Bureau of Emergency Medical Services and click save. If you do not have the option to change the region, click on the save button. You will then see “The record has been successfully saved” appear at the top of the record as noted on the picture on the next page on the top right. This action will keep the record from processing and it will remain in your National Registry submissions queue.



Step 8, If the candidate has passed the record will appear in your certification queue. Before you print out certification materials go back and view the records to ensure that they have processed correctly.

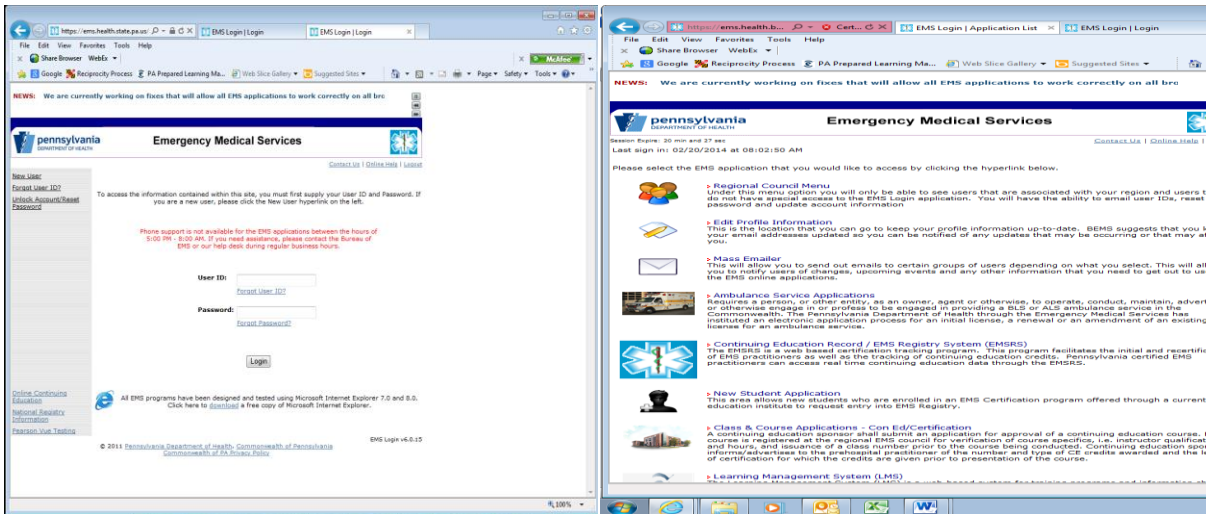
Common errors that have been found are as follows;

1. The system will certify the individual but the status remains “Expired”, the easy fix in this event is to change the status and annotate on the practitioners record that the NR submission processed incorrectly.
2. The system will certify the individual, the status is active but the issue and expiration dates did not change. You can change issue date but not the expiration date.
3. The system will certify the individual but the level will not change. This can resolved by changing the level and making a note on the record then click save.

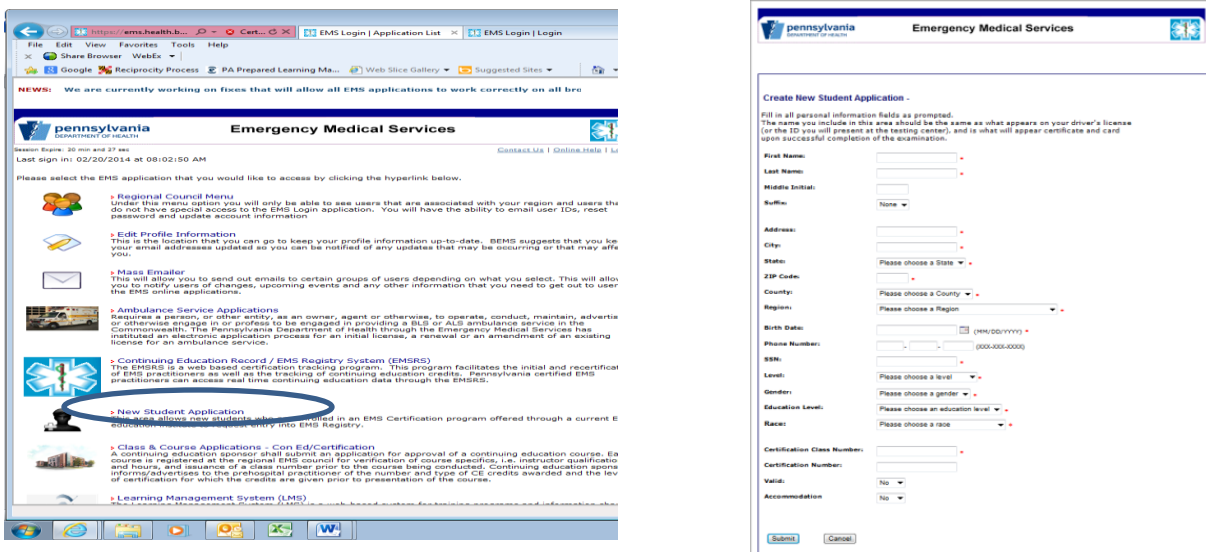
REGIONAL EMS OFFICE STUDENT APPLICATION PROCESSING

Step 1, go to the web page listed below and log in using your EMS Portal Log in and password.

<https://ems.health.state.pa.us/emsportal> This page is known as the EMS Application page or EMS Portal.



Step 2, Find “New Student Application” By clicking on this link you will enter the student application that can also be used for reciprocities. **This application is to be used in place of the dot form.** If you do not have the link for the student application contact BEMS.



Step 3, Complete the form down to and including certification class number then click submit. Students should enter the code specific to the purpose of the application. Refer to the code chart in the student instructions. Regional council staff will enter the appropriate certification class code.

https://ems.health.state.pa.us/EMSReg/Queue/EditStudentApp.aspx?id=NewStud...

File Edit View Favorites Tools Help

Share Browser WebEx

Google Reciprocity Process PA Prepared Learning Ma... Web Slice Gallery Suggested S

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Create New Student Application -

Fill in all personal information fields as prompted. The name you include in this area should be the same as what appears on your driver's license (or the ID you will present at the testing center), and is what will appear certificate and card upon successful completion of the examination.

First Name:
Last Name:
Middle Initial:
Suffix: None
Address:
City:
State: Please choose a State
ZIP Code:
County: Please choose a County
Region: Please choose a Region
Birth Date: (MM/DD/YYYY)
Phone Number: (XXX-XXX-XXXX)
SSN:
Level: Please choose a level
Gender: Please choose a gender
Education Level: Please choose an education level
Race: Please choose a race
Certification Class Number:
Certification Number:
Valid: No
Accommodation: No

Step 4, go to your queues and look for "Approve Student App" and open that queue.

https://ems.health.b... Cert... Registry | Home Registry | Search

File Edit View Favorites Tools Help

Share Browser WebEx

Google Reciprocity Process PA Prepared Learning Ma... Web Slice Gallery Suggested Sites

Page Safety Tools McAfee

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Home | EMS Practitioner | Reports

Session Expires: 10 min and 54 sec

CONTROL | ONLINE HELP | LOGOUT

LEAD > APPLICATION LIST > Registry Home

Queue Summary - EHS Federation, Inc.

Thursday, February 20, 2014

Import Problems	22	Output	69
Con-Ed	4	Certificates	23
RR	0	Certification Letters	18
Student Application	0	Exams Letters	2
Test Results	10	Wallet Cards	17
		CE Status	0
		Instructor Expiration Letters	0
		Instructor Renewal Letters	9
		National Registry Submissions	1
Approve Student Apps	0	Instructor	0
Certification	0		

Application List 2/20/2014 8:33:59 AM Logout

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Step 5, view your student applications and open the first student application. Ensure everything is completed. ** Note a social security number that is already in the EMSRS or a Social Security Number with a prefix greater than 750 will not be accepted into the system. You will need to contact BEMS for processing.

Once you have received a National Registry submission with a level of Paramedic and training site code of 999PA for the given PHRN Student you can then click on approve (IF YOU HAVE NOT ALREADY ENTERED THE APPROPRIATE CERTIFICATION COURSE CODE, ENTER IT NOW) the **Certification Class Number for example the PHRN with 14(two digit year) 40 and three digit region code** then click approve.

The record will then appear in your endorsement queue. The 2 digit code following the year will be different for reciprocities and EMR transitions refer to the chart on the next page.

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Emergency Medical Services

Home | EMS Practitioner | Reports | Administration
 Session Expire: 20 min and 52 sec [Contact Us](#) | [Online Help](#) | [Logout](#)

Student Submitted Application Queue - Bureau of Emergency Medical Services

Name	Address	Cert #	Level	Remove
HOSKINS, RICHARD C	4503 RACETRACK ROAD, SAINT THOMAS PA 17252		EMR	<input type="checkbox"/>
KOHLER, ROBERT E	1340 CONEWAGO CREEK ROAD, MANCHESTER PA 17345		EMR	<input type="checkbox"/>
SILLY, SILLY	3 HHH, PIT PA 17120		PHRN	<input type="checkbox"/>
SILLY, SILLY	3 HHH, PIT PA 17120		PHRN	<input type="checkbox"/>
SMITH, KAYLA A	355 BURKHOLDER ROAD, RED LION PA 17356		EMR	<input type="checkbox"/>
STONER, CYNTHIA M	3990 NORTH ROHRBAUGH ROAD, SEVEN VALLEYS PA 17360		EMR	<input type="checkbox"/>

100 records per page [Remove](#) [First](#) [Prev](#) [Next](#) [Last](#)

Application List 2/21/2014 2:40:35 PM [Logout](#) Registry v

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Address: 3 HHH *
 City: PIT *
 State: Pennsylvania *
 ZIP Code: 17120 *
 County: 03 | Armstrong *
 Region: Bureau of Emergency Medical Services *
 Birth Date: 02/04/1955 (MM/DD/YYYY) *
 Phone Number: (XXX-XXX-XXXX)
 SSN: 585998712 *
 Level: 4 | PHRN *
 Gender: Male *
 Education Level: College Graduate *
 Race: Caucasian *
 Certification Class Number: 1440088 *
 Certification Number:
 Valid: No *
 Accommodation: No *
 Date Added: 2/21/2014 2:34:04 PM
 Date Modified: 2/21/2014 2:34:04 PM
 Modified By:
[Approve](#) [Cancel](#)

Application List 2/21/2014 2:42:32 PM [Logout](#) Registry v

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Approve Student Submitted Application -

First Name: SILLY *
 Last Name: SILLY *
 Middle Initial:
 Suffix: None *
 Address: 3 HHH *
 City: PIT *
 State: Pennsylvania *
 ZIP Code: 17120 *
 County: 03 | Armstrong *
 Region: Bureau of Emergency Medical Services *
 Birth Date: 02/04/1955 (MM/DD/YYYY) *
 Phone Number: (XXX-XXX-XXXX)
 SSN: 585998712 *
 Level: 4 | PHRN *
 Gender: Male *
 Education Level: College Graduate *
 Race: Caucasian *
 Certification Class Number: PHRN *
 Certification Number:
 Valid: No *
 Accommodation: No *
 Date Added: 2/21/2014 2:34:04 PM
 Date Modified: 2/21/2014 2:34:04 PM

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Emergency Medical Services

Home | EMS Practitioner | Reports | Administration
 Session Expire: 20 min and 51 sec [Contact Us](#) | [Online Help](#) | [Logout](#)

Login > Application List > Registry Home

Queue Summary - Bureau of Emergency Medical Services
 Friday, February 21, 2014

Import Problems	2	Output	27
Con-Ed	2	Certificates	2
NR	0	Certification Letters	7
Student Application	0	Failure Letters	0
Test Results	0	Wallet Cards	7
		CE Status	11
		Instructor Expiration Letters	0
		Instructor Renewal Letters	0
Approve Student Apps	6	National Registry Submissions	124
Certification By Endorsement	1	Instructor	0
Accommodation	2	Criminal History	0

Application List 2/21/2014 2:40:31 PM [Logout](#) Registry v

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Certification Types

Code	Level
13	EMR Reciprocity (Use for AA to EMR Transition)
16	Paramedic Reciprocity
37	EMT Reciprocity with exam (Use for Reciprocity)
12	EMR reinstatement
32	EMT reinstatement with exam
71	EMT reinstatement
40	PHRN Reinstatement/Certification
66	PHPE
46	Physician
46	Medical Command Physician

Region Codes

County	County Code
Bucks	10
Chester	11
Delaware	12
Eastern	02
EHS Federation	03
EMSI	04
EMMCO East	19
EMMCO West	18
Northeastern	05
LTS	07
Montgomery	13
Philadelphia	14
Seven Mountains	08
Southern Alleghenies	09
Susquehanna	15

EMS PROVIDER CERTIFICATION APPLICATION



Bureau of Emergency Medical Services

Emergency Medical Services
Provider Certification
Application

(Please print legibly)

SECTION A – PERSONAL INFORMATION			
Last Name (include Maiden Name, if applicable)	First Name	Middle Name	Suffix (Jr, Sr, II, III)
Mailing Address	City	State	Zip Code
Home Telephone Number () ()	Work Telephone Number () ()	Email Address	

Date of Birth:	Gender:	Country:
-----------------------	----------------	-----------------

Have you held or are you currently holding and/or requesting any of the following certification levels?			
<input type="checkbox"/> Held	<input type="checkbox"/> Current	First Responder/Ambulance Attendant (FR/AA)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Emergency Medical Responder (EMR)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Emergency Medical Technician (EMT)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Advanced Emergency Medical Technician (AEMT)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Paramedic (P)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Pre-Hospital Registered Nurse (PHRN)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Pre-Hospital Physician Extender (PHPE)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Pre-Hospital EMS Physician (PHP)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Other _____	<input type="checkbox"/> Requesting

EMS Educational Institute Previously Attended:			
Mailing Address	City	State	Zip Code
Telephone Number () ()	Dates Attended		
	Country		

EMS Educational Institute Enrolling in or Currently Attending:			
Mailing Address	City	State	Zip Code
Telephone Number () ()	Country		
	Class Number		

EMS Certifications Previously Held Or Currently Held In Other States:			
Provider Level: _____	Cert Number: _____	State: _____	Exp Date: _____
Provider Level: _____	Cert Number: _____	State: _____	Exp Date: _____
Provider Level: _____	Cert Number: _____	State: _____	Exp Date: _____
NREMT Level: _____	Cert Number: _____	Exp Date: _____	
Copy of current certification card(s) shall be attached.			

Name _____
Last First MI

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 on probation/parole? <input type="checkbox"/> Yes Date of completion: _____ <input type="checkbox"/> No
Name of Probation/Parole Officer: _____ Telephone Number: _____
City/County/State of probation/parole?
Date of or projected date of completion of probation/parole?
Were you previously on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of former Probation/Parole Officer: _____ Telephone Number: _____
Was court ordered counseling classes/evaluation part of your probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below)
Type of court ordered sessions:
Are you going to counseling voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below)
Type of voluntary sessions:
Name of Counselor: _____ Telephone Number: _____
Date or projected date of successful completion of counseling/classes:

Section C - Emergency Medical Services Vehicle Operator (EMSVO) Applicant Only

Within the past 4 years, has your driver's license been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach your official state driving history record. If Pennsylvania resident, a driving history record can be obtained on-line at: https://www.dot3.state.pa.us/driver_services/dllogin.jsp#top?20140106080749380=20140106080749380
--

Failure to supply the Bureau with complete and factual criminal history documentation and/or driving history record will result in a delay in evaluating and processing your documentation and therefore will delay your eligibility to participate in EMS certification examinations.

Failure to supply the Bureau with complete and factual criminal history documentation and/or driving history record may result in the Department taking action to suspend or revoke your certification as an EMS Provider.

Reciprocity Candidates:

All applicants for EMS certification reciprocity are required to submit proof of affiliation with a PA licensed EMS agency, criminal history documentation and a driving history record from current state of certification. Incomplete applications will not be evaluated or processed. Applications without proof of affiliation will have 120 days from the application date to provide documented proof of affiliation with a PA licensed EMS agency

SECTION D – DISCIPLINARY ACTION DISCLOSURE

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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide circumstances of the disciplinary action):

SECTION E – SOCIAL SECURITY NUMBER DISCLOSURE

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

Name _____
Last First MI

**WAIVER OF SOCIAL SECURITY NUMBER
VERIFICATION STATEMENT**

Certification Level:

- First Responder/Ambulance Attendant (FR/AA)
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Paramedic (P)
- Pre-Hospital Registered Nurse (PHRN)
- Pre-Hospital Physician Extender (PHPE)
- Pre-Hospital EMS Physician (PHP)
- Other _____

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 (see application form, Section E) as soon as it is obtained. Further, I understand that I will not be permitted to renew 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.

Signature _____

Date _____

Name _____
Last First MI



pennsylvania
DEPARTMENT OF HEALTH

Bureau of Emergency Medical Services

STUDENT RELEASE AND CONSENT FORM

RELEASE STATEMENT:

In compliance with the federal Family Educational and Rights to Privacy Act of 1974 and the Buckley Amendment, I authorize and give my permission to the Pennsylvania Department of Health and the Pennsylvania Regional EMS Council to release information concerning my training records to: (1) the primary instructor of this course; (2) the local EMS Educational Institute, if this course is being conducted within, or in collaboration with, such institute; (3) any federal or state agency (or other) authority to certify, regulate, and/or fund EMS programs and personnel; and/or (4) _____.

Applicant Signature _____ Date _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date _____

PARENTAL PERMISSION FOR CERTIFICATION EXAMINATION PARTICIPATION

(TO BE COMPLETED BY A PARENT/GUARDIAN OF APPLICANTS WHO ARE AT LEAST 16, BUT NOT YET 18 YEARS OF AGE)

I hereby give permission for _____ (Legal Name of Applicant) to participate in state recognized certification examinations conducted by a PA Accredited EMS Educational Institute. I also give permission for the Department of Health, Bureau of Emergency Medical Services, or its authorized agents, to obtain or request from the applicant or third parties any records, documentation or other information about the applicant as required under state and federal laws for the purpose of state certification. I also certify that the applicant, of whom I am the parent or guardian, signed this application where required and I consent to the conditions and waivers contained in this document.

I understand the Pennsylvania Department of Health is not authorized to provide travel, medical, or health insurance to students. I also understand my child may be exposed to infectious diseases and physically strenuous and/or hazardous environments.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date _____

Name _____
Last First MI



pennsylvania
DEPARTMENT OF HEALTH

Bureau of Emergency Medical Services

**EMS AFFILIATION VERIFICATION
(For PA Reciprocity ONLY)**

Applicant Legal Name: _____ Last four digits of SSN _____

1. PA LICENSED EMS AGENCY VERIFICATION (To be completed by the principal official of requesting EMS Agency)

Agency letterhead indicating candidate approval for employment or volunteer affiliation shall be attached.

Current Pennsylvania EMS Agency Affiliation Identification number

Name: _____ County _____

I verify that the candidate named on this form has been offered employment or a volunteer position pending issuance of a Pennsylvania EMS Provider Certification and will be providing care with this EMS Agency.

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Day Telephone: (____) _____
Email Address: _____

2. PENNSYLVANIA ACCREDITED EMS EDUCATIONAL INSTITUTE VERIFICATION (This section SHALL be completed by the approved verifying institute representative for all candidates not desiring affiliation with a Pennsylvania Licensed EMS Agency)

ACCREDITED ALS EDUCATIONAL INSTITUTE ACCREDITED BLS EDUCATIONAL INSTITUTE

National Accreditation # _____ State Accreditation # _____

I verify that the candidate named on this form is affiliated with a recognized and accredited Pennsylvania EMS Educational Institute.

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Day Telephone (____) _____
Email address: _____

3. MEDICAL DIRECTOR VERIFICATION (This section shall be completed by the approved verifying agency representative for all candidates)

I verify that the candidate named on this form has met all local and state eligibility requirements in order to pursue Pennsylvania EMS Provider Certification with the intent to function in the EMS Agency Program of which I am the Medical Director.

Medical Director
Signature: _____ Date: _____

Printed Name: _____ Day Telephone (____) _____
Email Address: _____

4. APPLICANT SIGNATURE I understand that ALL information on this form is correct to the best of my Knowledge, and is subject to verification. Failure to meet any requirements may serve as grounds of ineligibility for certification.

Applicant's signature: _____ Date _____

FAQS FOR EMS PROVIDER CERTIFICATION APPLICATION

Section A:

Demographics

Enter your complete information in the line UNDER the title up through the email address.

- Gender: Enter Male/ Female
- Country: Enter your country of birth

Certification levels

Please complete all that apply for held/current or requesting certification levels.

- Requesting is the level you are currently receiving education for or attempting to complete.
 - EMS Instructors - complete the OTHER line for certification in addition to your certification level
 - Medical Command Physicians – complete the OTHER line

EMS Educational Institutes

- Previously Attended: Is the school in which you received your EMS certification.
- Enrolling in or currently attending: The school you MAY be attending for a NEW or upgraded certification level.

EMS Certifications Previously Held or Currently Held In Other States

- These include all EMS certifications in PA and out of PA.

Criminal History Initial Question

AA to EMR transition candidates, **DO NOT** complete:

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

Section B - Criminal Convictions

AA to EMR transition candidates, **DO NOT** complete this entire section.

ALL other candidates **MUST** complete and submit the required documentation.

Section C- EMSVO

AA to EMR transition candidates, **DO NOT** complete this section.

All new students, reinstatement, reciprocities and persons attempting to become an EMSVO **MUST** complete.

Section D – Disciplinary Action Disclosure

AA to EMR transition candidates, **DO NOT** complete this section

Waiver of Social Security Number

Should be completed by

- Persons without a number
- Persons with student or work Visas that have not completed the citizenship process

Student Release and Consent Form

Should be completed by

- ALL New students that do NOT have an EMS certification
- ALL students that are attempting to upgrade their certification level

Parental Permission

Needs to be completed for all applicants who are least 16 years of age, but not yet 18 years of age.

EMS Affiliation Verification

Should be completed for PA Reciprocity ONLY

**Bureau of Emergency Medical Services
CERTIFICATION RETEST MATRIX**

PA EMS System Act 2009-37 – Aug. 18, 2009, P.L. 308, No. 37, § 8113 thru § 8120

(Requirements for EMR, EMT, AEMT, P, PHRN, PHPE Candidates. PHP=Practical Only)

Effective 04/10/2014

First Examination Attempt Within 1 Year After Training Program Completion Date

Updated 04/06/14

UNSUCCESSFUL / FAILED ATTEMPT	PRACTICAL / PSYCHOMOTOR SKILLS EXAM <i>Candidate Must Retest All-or-None Fashion</i>	COGNITIVE/COMPUTER ADAPTIVE (WRITTEN) or COMPUTER BASED COGNITIVE EXAM <i>NREMT Mandatory 14 Day Wait Between Attempts</i>
After 1st Attempt	Candidate coordinates with PA Regional EMS Council office of residence to schedule and repeat specific unsuccessful skill(s)/Examination.	Candidate registers with NREMT at www.nremt.org and schedules exam date, time, and location with Pearson-Vue Testing Center at www.pearsonvue.com to repeat Computer Based Test (CBT) cognitive exam. Candidate also coordinates with PA Regional EMS Council office of residence for permission to test.
After 2nd Attempt		
After 3rd Attempt	Candidate schedules and successfully completes a "hands-on" remedial course approved by the department * or repeats the EMS provider training program in its entirety. Candidate must take the entire psychomotor exam	Candidate schedules and successfully completes a refresher course approved by the department* or repeats the EMS provider training program in its entirety.
After 4th Attempt	Candidate coordinates with PA Regional EMS Council office of residence to schedule and repeat specific unsuccessful skill(s)/Examination.	Candidate registers with NREMT at www.nremt.org and schedules exam date, time, and location with Pearson-Vue Testing Center at www.pearsonvue.com to repeat Computer Based Test (CBT) cognitive exam. Candidate also coordinates with PA Regional EMS Council office of residence for permission to test.
After 5th Attempt		
After 6th Attempt <i>Candidate receives no credit for previous successful examinations.</i>	Candidate must re-register for and successfully repeat the EMS provider training program in its entirety, with a PA (BLS) or CAAHEP (ALS) Accredited EMS Educational Institute.	Candidate must re-register for and successfully repeat the EMS provider training program in its entirety, with a PA (BLS) or CAAHEP (ALS) Accredited EMS Educational Institute.
<i>All examination attempts must occur within two (2) years from initial EMS provider training program completion date.</i>		

<p><i>*Department approved "hands-on" remediation and refresher courses may be offered at the appropriate EMS provider level by any of the following →</i></p> <hr/> <p><i>Candidates must be updated to new standard changes, if any, prior to re-examination.</i></p>	<p>"Hands-on" Remediation Instructed By:</p> <ul style="list-style-type: none"> • PA EMS agency medical director of a licensed PA EMS agency -OR- • PA certified pre-hospital emergency medical services physician of a licensed PA EMS agency -OR- • PA recognized EMS Instructor-Trainer -OR- • PA certified EMS Instructor 	<p>Refresher Course(s):</p> <ul style="list-style-type: none"> • National EMS Education Standards appropriate EMS provider level refresher course or training program, by a Pennsylvania (BLS) Accredited or CAAHEP (ALS) Accredited EMS Educational Institute, or one that is actively seeking CAAHEP Accreditation and currently holds a valid Letter of Review (LOR) Status. To verify CAAHEP Accreditation = www.caahep.org Emergency Medical Technician - Paramedic State: (Pennsylvania) Search in: Accredited and Letter of Review Degree/Credential: (All categories & Search).
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PA RECOGNIZED UPDATES & TRANSITIONS

01/22/2014

CERTIFICATION LEVEL	PA DOH COURSE #	COURSE TITLE	COURSE OWNER	APPROVAL BASIS	FORMAT	CREDIT HOURS M/T O
First Responder (FR) To Emergency Medical Responder (EMR)	007692	2015 Statewide BLS Protocol Updates	PA DOH	PA Protocol Update (CORE REQUIRED)	Online LMS (Free of Charge) www.paprepared.net	1.5 0.0
	006372	High-Functioning CPR Team: Science Lecture	PA DOH	PA Protocol Update (REQUIRED)	Online LMS (Free of Charge) www.paprepared.net	1.5 0.0
	006565	First Responder to EMR Transition Program	PA DOH	PA Update	Online LMS (Free of Charge) www.paprepared.net	1.0 0.0
	006906	Cardio Cerebral Resuscitation	PA DOH	PA Update (Suggested)	Online LMS (Free of Charge) www.paprepared.net	0.5 0.0
Emergency Medical Technician- Basic (EMT-B) To Emergency Medical Technician (EMT) Continued on next page	007692	2015 Statewide BLS Protocol Updates	PA DOH	PA Protocol Update (CORE REQUIRED)	Online LMS (Free of Charge) www.paprepared.net	1.5 0.0
	006372	High-Functioning CPR Team: Science Lecture	PA DOH	PA Protocol Update (REQUIRED)	Online LMS (Free of Charge) www.paprepared.net	1.5 0.0
	006400	EMT Transition Course; Bridging Gap to New Ed Standards	Emergency Training Associates, Inc.	National Education Standards	Classroom (Fee Assessed) www.emergencytraining.p ro	28.0 5.0
	006401	EMT Transition Course: Bridging Gap to New Ed Standards Online Course	Emergency Training Associates, Inc.	National Education Standards	Online (Fee Assessed) www.emergencytraining.p ro	28.0 7.0
	006402	EMT-B to EMT Transition Course	Emergency Training Associates, Inc.	PA Update	Online (Fee Assessed) www.emergencytraining.p ro	13.0 3.0

CERTIFICATION LEVEL	PA DOH COURSE #	COURSE TITLE	COURSE OWNER	APPROVAL BASIS	FORMAT	CREDIT HOURS M/T O
	007227	EMT-B to EMT Transition Course	Chester County EMS Training Institute	PA Update	Classroom (Fee Assessed) (610) 496-8315	18.0 6.0
	006452	EMT-B to EMT Transition Course Online Course	Emergency Training Associates, Inc	Fulfills NREMT Requirement	Online (Fee Assessed) www.emergencytraining.pro	24.0 2.0
	006906	Cardio Cerebral Resuscitation	PA DOH	PA Update (Suggested)	Online LMS (Free of Charge) www.paprepared.net	0.5 0.0
	006920	EMT-B to EMT Transition Course	Distance CME	Fulfills NREMT Requirement	Online (Fee Assessed) www.distancecme.com	24.0 0.0
	007125	EMT-B to EMT Transition	Emerge Public Safety LLC	Fulfills NREMT Requirement	Classroom (Fee Assessed) www.emergpublicsafety.com	24.0 0.0
	007199	EMT Basic to EMT Transition Course	FISDAP	Fulfills NREMT Requirement	Online (Fee Assessed) www.fisdap.net	15.5 9.0
Emergency Medical Technician-Paramedic (EMT-P) To Paramedic (P) (Acceptable for PHRN's) Continued on next page	007694	2015 Statewide ALS Protocol Updates	PA DOH	PA Protocol Update (CORE REQUIRED)	Online LMS (Free of Charge) www.paprepared.net	1.5 0.0
	007692	2015 Statewide BLS Protocol Updates	PA DOH	PA Protocol Update (CORE REQUIRED)	Online LMS (Free of Charge) www.paprepared.net	1.5 0.0
	006372	High-Functioning CPR Team: Science Lecture	PA DOH	PA Protocol Update (Required)	Online LMS (Free of Charge) www.paprepared.net	1.5 0.0
	006554	NREMT-P to NRP Bridge Program	Distance CME	Fulfills NREMT Requirement With 48hr Refresh	Online (Fee Assessed) www.distancecme.com	48.0 0.0
	006568	EMT-P to Paramedic NREMT Refresher	PA DOH	Fulfills NREMT Requirement	Classroom (Free of Charge) (Template)	48.0 2.0
	006906	Cardio Cerebral Resuscitation	PA DOH	PA Update (Suggested)	Online LMS (Free of Charge) www.paprepared.net	0.5 0.0

CERTIFICATION LEVEL	PA DOH COURSE #	COURSE TITLE	COURSE OWNER	APPROVAL BASIS	FORMAT	CREDIT HOURS M/T O
	007174	FISDAP Paramedic Transition Course	FISDAP	Fulfills NREMT Requirement	Online (Fee Assessed) www.fisdap.net	11.5 10.5
	007175	PA EMT-P to P Transition Module A	PA DOH	PA Update	Online LMS (Free of Charge) www.paprepared.net (Available soon)	2.5 0.0
	007176	PA EMT-P to P Transition Module B	PA DOH	PA Update	Online LMS (Free of Charge) www.paprepared.net (Available soon)	2.0 0.0
	007177	PA EMT-P to P Transition Module C	PA DOH	PA Update	Online LMS (Free of Charge) www.paprepared.net	2.5 0.0
	007178	PA EMT-P to P Transition Module D	PA DOH	PA Update	Online LMS (Free of Charge) www.paprepared.net	3.5 0.0
	007228	EMT-P to NRP Transition and refresher	SafeTec Training Services	Fulfills NREMT Requirement	Classroom (Proprietary) www.safetetraining.com	26.0 0.0

CERTIFICATION LEVEL	PA DOH COURSE #	COURSE TITLE	COURSE OWNER	APPROVAL BASIS	FORMAT	CREDIT HOURS M/T O
EMS Instructor Courses	004705	NAEMSE Instructor Course	National Assoc of EMS Educators	National Guidelines for Educating EMS Instr.'s	Online (Fee Assessed) www.naemse.org	0.0 40.0
	006367	EMS Instructor Update 2012	Philadelphia Fire Dept	National Education Standards	Classroom (Public Domain) Material Available (215) 685-4219	0.0 4.0
EMS Evaluator/Examiner Cours	006446	EMS Evaluator 2012 Update	Brady Publishing	National Education Standards	Classroom (Proprietary) (201) 236-6807	0.0 2.5
	006652	2013 EMS Evaluator Update: NREMT BLS Psychomotor Skills Review	(Philadelphia EMS)	National Registry of EMT's Guideline	Classroom (Public Domain Free of Charge) Materials Available (215) 685-4219	0.0 2.0
EMS Physician Courses	006566	EMS Agency Medical Director Course	Critical Illness Trauma Foundation	PA Requirement For those who have not completed either an EMS Fellowship Or NAEMSP 3 day or 1 day course. Others case by case basis.	Online (Free of Charge until 07/15/2014) www.medicaldirectoronline.org	0.0 2.0
	006660	Pennsylvania Physician Command Course	PA DOH	PA Requirement for new Physicians and Out of State Transfers	Online LMS (Free of Charge) www.paprepared.net Group: PA EMS Physicians	

Note: Pennsylvania Department of health highly suggests but does not specifically require a formal transition course at any EMS provider certification level. Transitions may occur through the EMS agency medical director responsible for competency verification relevant to all individual EMS providers certification level.

In addition to the Learning Management System (LMS) EMS online related courses offered free-of-charge through the Pennsylvania Department of Health, the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) recognized courses will be accepted by the Pennsylvania Department of Health as of January 01, 2014, in addition to preapproved third-party vendor related educational topics. Most online continuing education vendors assess a fee for their services.

Continuing Education Units may be secured via Pennsylvania recognized third-party vendors through online, video DVD, CD-ROM, magazines, etc.

ALS SUPPLIES AND EQUIPMENT INSPECTION FORM



EMS Education Institute Accreditation Education Institute Equipment Form

EMS Education Institute Name	<i>Date Inspected</i>
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County of Training Institute	EMS Education Institute Accreditation #	Region #	Inspected by
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EMR
 EMT
 AEMT
 BLS ONLY

Types of Programs Conducted:

Paramedic
 ALS ONLY
 ALS and BLS

The following equipment is based on 24 students. Student to instructor ratio for training equipment is 6:1. Multiple courses being held simultaneously require additional documentation from the education institute. The institute shall identify a structured plan of equipment utilization between the courses. In some occurrences this ratio will be larger, this will be identified per occurrence on the checklist.

An ALS Education Institute may use an existing BLS package at an education institute site only if it is identified in the equipment utilization plan.

An BLS Training Institute that is requesting to instruct AEMT courses, we be instructed as to what ALS equipment will be needed for that specific level.

Airway/Breathing

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
<i>Advanced Airway Adjuncts:</i>					
Airway/ (King LT,LMA, etc) supraglottic	2				
Airway/esophageal (2.5 mm to 9.0 mm)	1				
Cricothyrotomy Kit	2				
Cricothyrotomy O2 Delivery System	1				
Gastric decompression-NG tube	1				
<i>Intubation Roll or Kit: There should be 2 intubation rolls or kits with each of the items listed below.</i>					
Intubation Roll or Kit	2				
Laryngoscope Handle	1				
blades for Adult and Pediatric, both Miller and Mac	Sufficient				
variety cuffed/uncuffed ET tubes	Sufficient				
10 cc syringe	1				
Adult/Pediatric Stylets	1				
Adult/Pediatric McGill Forceps	1				
ET Tube Holder/ Commercial	2				
1" Tape	2				
KY Jelly Type lubricant	Sufficient				
Silicone lubricant	2				
<i>Oxygen Delivery Equipment:</i>					
Oral Airway Kit sizes 0 through 5	4				
Nasal Airway Kit at least 1 -16-24 fr and 1 26-34 fr.	2				
O2 Case or bag	4				
Non-Rebreather Mask (adult and peds)	4				
Venturi mask and Tracheostomy mask	2				
Nasal Cannula (adult and peds)	4				
O2 Tubing	4				
Adult Bag Valve Mask	4				
Child/Infant Bag Valve Mask	4				1:12 student ratio
O2 Bottles (filled) (size "D" or "E")	4				
O2 Regulator (capable of 25Lpm or >) and 50 psi connector	4				
O2 Regulator Demand Valve	1				
Flow-restricted Demand Valve	1				
O2 Keys, Spare "o" rings (non-sparking wrench)	Sufficient				
Pocket Mask (w/One way valve & O2)	4				
O2 Humidifier	1				
CPAP/BiPAP unit	1				1:24 student ratio
CPAP/BiPAP circuits with various size masks	1				
<i>Suction Equipment:</i>					

Airway/Breathing

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Battery Operated Suction Unit/ capable of 300 mm/hg in 4 sec.	2				1:12 student ratio
Charger for suction unit	2				1:12 student ratio
Suction Catheter Rigid Tip	2				1:12 student ratio
Suction Catheter French Tip (must have sizes 6 through 16)	2				1:12 student ratio
meconium aspirator	1				1:12 student ratio
Suction Tubing/ wide bore	2				1:12 student ratio
V-Vac, Bulb Syringe, Other non-powered suction device	1				1:12 student ratio
<i>Other equipment:</i>					
Automated Transport Ventilator Unit	1				1:12 student ratio
Chest Decompression Kit	1				1:12 student ratio
Chest tube kit (for assist only and gravity devices)	1				1:12 student ratio

Cardiac

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Cardiac Monitor Defibrillator *(12 lead capable)/synchronized cardioversion)	1				1:12 student ratio
Automatic External Defibrillator **	1				
Pacing/ rhythm Generator	1				1:12 student ratio
End Tidal CO2 monitoring Capnography	1				1:12 student ratio
continuous waveform	1				1:12 student ratio
Thrombolytic/fibrinolytic initiation/ monitoring	1				1:12 student ratio

* - The cardiac monitor should have paddles or be hands off in nature. It should be capable of doing external pacing , cardioversion ,and monitor a minimum of 3 leads.(preferable 12 lead capable) There should be defibrillator pads, monitoring electrodes, paper and spare batteries in sufficient quantity and quality to provide a quality educational experience for the student. Can be monophasic or biphasic. There should be a central battery recharging system accessible at all times.

** - The AED should be either live or placebo in nature. If "live", it should have a training mode or a method of diffusing energy safely for training purposes (in accordance with manufacturers recommendations. In accordance with PA DOH Policies, all AED's should be 2010 AHA Compliant or the most recent approved version.

Patient Assessment

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Bag or Carrying case There should be 4 patient assessment kits, contain each of the items listed below.					
Bag or Carrying case	4				
BP Cuff (manual) can have NIBP additional	1				
Stethoscope	1				
Dual "training" Stethoscope	2				
Pen Lights	1				
Unsterile dressings (3x3 or 4x4)	Sufficient				
Sterile dressings (4x4, 8x10)	Sufficient				
Lg. Trauma and Burn Dressings	Sufficient				
Roller gauze or Kling (2" - 6")	Sufficient				
Occlusive dressing	1				
Pen and Documentation pad	1				
Scissors (Trauma or Bandage)	1				
Oral Glucose (single use tube)	1				
Cold Packs	1				
Hot Packs	1				
Alcohol preps (25 packets)	1				
KY Jelly/ water soluble lubricant	1				
Tongue blades	1				
Adhesive tape (1" - 2")	Sufficient				
Triangular Bandages (cravats)	4				
pulse oximeter (CO capable optional)	1				
commercial tourniquet	1				
Morgan Lens/ eye irrigation	1				1:12 student ratio

* - Each bag or carrying case should include the items listed below. Each item should be in good working order and of sufficient quality to be used in field work. There will be a total of 4 bags containing each of the items listed below.

Simulation and Training

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Adult Intubation Manikin	2				
Infant Intubation Manikin	2				
Adult CPR (Torso or Full Manikin)	2				should comply with recommendations 1:12 students
Child CPR (Torso or Full Manikin)	2				should comply with recommendations 1:24 students
Infant CPR	2				should comply with recommendations 1:12 students
Defibrillation Skin *	2				
IV Arm	2				

Simulation and Training

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Obstetrical simulator	2				
Chest Decompression simulator	1				
Cricothyrotomy simulator	1				
Combination (Code/Trauma)	1				
IO Manikin (or other resource)	1				
Additional: (list below)					
Dual "training" Stethoscope	2				
Bottle of Nitroglycerin placebo **	4				
Nitroglycerin Spray placebo **	4				
Epinephrine Auto - Injector Pen simulator placebo **	4				
Inhaler placebo **	4				
Football Helmet	1				
Motorcycle or Bicycle Helmet	1				
Moulage Kit w/ Supplies	1				
Placebo Drug Kit **	1				
indwelling catheters and implanted central IV port access	1				
Mechanical CPR device (optional)	1				
Aspirin placebo	1				

* Defibrillation skin should be compatible with the Adult CPR Manikin and in good working order. A **High Fidelity Simulator** can be in place, however a separate simulator must be available for any skill that the High Fidelity simulator cannot perform)

** Medication Placebo's should be clearly marked as not being intended for actual medication. The use of candy or breath freshener is encouraged to ensure safe handling. All appropriate precautions should be taken to ensure that no medication is actually capable of being delivered inadvertently.

Other

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Obstetrical Kits - disposable	4				
Skeleton	1				
Anatomical Charts or models (can be met with skeleton or slides as well)	1 set				
TV and VCR/ DVD/ computer/ CD	1				
Overhead and slide projectors/ LCD	1				
Writing board surface(chalk, white or SmartBoard)	1				
Videotapes/Films/Slides/ DVD and PowerPoint or CD	Sufficient				
Other media adjuncts (describe type and number)					1:24 student ratio
Vehicle Rescue Tool Set(can be an agreement/ loaner)	1				1:24 student ratio
Stair Chair	1				1:24 student ratio
Orthopedic Stretcher	1				1:24 student ratio
Reeves Stretcher	1				1:24 student ratio
Wheeled Stretcher	1				1:24 student ratio
Burn Sheets	Sufficient				1:24 student ratio
Patient Care Reports/ or electronic based demo	Sufficient				1:24 student ratio
Length based pediatric tape approved by the DOH.	1				
Intranasal training supplies	1				
Emergency Response Guidebook	Sufficient				

* OB Kits should be commercially made and in good working order. Items such as cord clamps and ties should be in good working order (i.e.. Not clamped shut).

Immobilization

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Long Spine Board (Plastic)	4				
Short Spine board (KED /vest Type) <i>can be any manufacture</i>	2				
Blankets (wool or cotton)	8				
Pillows	2				
Cervical Immobilization Devices (<i>disposable and reusable</i>)	4				
9' Straps (or 4 sets of spider straps)	16				
Hare Traction type Splint (Adult)	2				
Sager traction type splint	1				
Adult PASG -optional	2				
Pediatric PASG -optional	1				
Pneumatic Splints (Air or Vacuum)	2 sets				
Rigid Splints (Board or Frac-Pak)	2 sets				
SAM Splints	8				
Cervical Collars (size ranges) can be adjustable	4 sets				

IV and Medications

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Long Spine Board (Plastic)	4				
Short Spine board (KED /vest Type) <i>can be any manufacture</i>	2				
Blankets (wool or cotton)	8				
Pillows	2				
Cervical Immobilization Devices (<i>disposable and reusable</i>)	4				
9' Straps (or 4 sets of spider straps)	16				
Hare Traction type Splint (Adult)	2				
Sager traction type splint	1				
Adult PASG -optional	2				
Pediatric PASG -optional	1				
Pneumatic Splints (Air or Vacuum)	2 sets				
Rigid Splints (Board or Frac-Pak)	2 sets				
SAM Splints	8				
Cervical Collars (size ranges) can be adjustable	4 sets				

BSI

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Latex Gloves (small, medium, large and x-large) and Non-Latex	Sufficient				
BSI Kits *	4				
HEPA Mask/ N95	2				
Surgical Masks	1 Box				
Eye protection	1				
Hand sanitizer	Sufficient				
PPE for Rescue Operations (a minimum of demonstration set)	1				
(work gloves, eye protection, helmet)					

* - BSI Kits should be commercially made and sufficiently stocked. Should be of a quality sufficient for field work.

BLS SUPPLIES AND EQUIPMENT INSPECTION FORM



EMS Education Institute Accreditation Education Institute Equipment Form

EMS Education Institute Name

Date Inspected

County of Training Institute

EMS Education Institute Accreditation #

Region #

Inspected by

EMR

EMT

AEMT

BLS ONLY

Types of Programs Conducted:

ALS and BLS

Paramedic

ALS ONLY

The following equipment is based on 24 students per class. Student to instructor ratio for equipment and supplies is 6:1, unless otherwise indicated. Multiple courses being held simultaneously require additional documentation from the EMS Education Institute.

1. A Pennsylvania Accredited (which would therefore also encompass a nationally accredited) EMS Educational Institute must have all equipment/supplies as required and agreed upon to initially become and continue as per updated requirements as an EMS Educational Institute.
2. Satellite sites with not more than 20 students must have all appropriate equipment/supplies on-site for the particular session that is being covered on a specific date, time and location, and is indicated and necessary for instructor demonstration and/or student practical skills session, whatever is appropriate.
3. Additionally, sufficient equipment/supplies for practical skills that were already covered, i.e. CPR Manikins for example in addition to other equipment/supplies, need to be available in adequate numbers to assure on-going student practice of items already covered, in addition to the current topic, as the course progresses. While as many manikins (or quantity of certain equipment/supplies) that were initially required for sufficient exposure and practice may not be necessary, this will assure that all students have an adequate opportunity to continually practice what they have already learned in order to better prepare them for their upcoming psychomotor examination and more importantly for serving in the field.
4. Spot inspections can and will occur at any Pennsylvania Accredited EMS Educational Institute and/or satellite sites when and where decided to proactively assure proper instructional staff and equipment/supplies compliance.

A BLS EMS Education Institute that is requesting to instruct AEMT courses, must have sufficient supplies to meet the psychomotor skills for that level within the National AND State Scope of Practice. Equipment listed in BLUE, bold and italicized is for ALS Paramedic programs. ALL other equipment is mandatory for BLS Institutes.

Airway Breathing

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
<i>Advanced Airway Adjuncts:</i>					
Airway/ (King LT,LMA, etc) supraglottic	2				
Airway/esophageal (2.5 mm to 9.0 mm)	1				
Cricothyrotomy Kit	2				1:24 students
Cricothyrotomy O2 Delivery System	1				1:24 students
Gastric decompression-NG tube	1				1:24 students
<i>Intubation Roll or Kit: There should be 2 intubation rolls or kits with each of the items listed below.</i>					
Intubation Roll or Kit	2				
Glidescope/ T-MAC device or Similar (not required but note if available)					1:24 students
Laryngoscope Handle	2				
blades for Adult and Pediatric, both Miller and Mac	Sufficient				
variety cuffed/uncuffed ET tubes	Sufficient				
10 cc syringe	1				
Adult/Pediatric Stylets	1				
Adult/Pediatric McGill Forceps	1				
ET Tube Holder/ Commercial	2				
1" Tape	2				
KY Jelly Type lubricant	Sufficient				
Silicone lubricant	2				
<i>Oxygen Delivery Equipment:</i>					
Oral Airway Kit sizes 0 through 5	4				
Nasal Airway Kit at least 1 -16-24 fr and 1 26-34 fr.	2				
esophageal-trachea airway (all sizes)	2				
Multi-Lumen Airway (all sizes)	2				
O2 Case or bag	4				
Non-Rebreather Mask (adult and peds)	4				
Venturi mask and Tracheostomy mask	2				
Nasal Cannula (adult and peds)	4				
O2 Tubing	4				
Adult Bag Valve Mask	4				
Child/Infant Bag Valve Mask	4				1:12 student ratio
O2 Bottles (filled) (size "D" or "E")	4				
O2 Regulator (capable of 25Lpm or >) and 50 psi connector	4				
O2 Regulator Demand Valve	1				
Flow-restricted Demand Valve	1				
O2 Keys, Spare "o" rings (non-sparking wrench)	Sufficient				
Pocket Mask (w/One way valve & O2)	4				
O2 Humidifier	1				1:24 student ratio
sterile water or Normal saline for the humidifier	1				

Airway Breathing

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
<i>CPAP/BiPAP unit (mandatory for ALS Inst)</i>	1				1:24 student ratio
<i>CPAP/BiPAP circuits with various size masks</i>	1				
<i>Suction Equipment:</i>					
Battery Operated Suction Unit/ capable of 300 mm/hg in 4 sec.	2				1:12 student ratio
Charger for suction unit	2				1:12 student ratio
Suction Catheter Rigid Tip	2				1:12 student ratio
Suction Catheter French Tip (must have sizes 6 through 16)	2				1:12 student ratio
Meconium Aspirator	1				1:12 student ratio
Suction Tubing/ wide bore	2				1:12 student ratio
V-Vac, Bulb Syringe, Other non-powered suction device	1				1:12 student ratio
<i>Other equipment:</i>					
<i>Positive Pressure ventilation</i>					
Automated Transport Ventilator Unit	1				1:12 student ratio
Manually-Triggered Ventilator	1				1:12 student ratio
<i>Chest Decompression Kit</i>	1				1:12 student ratio
<i>Chest tube kit (for assist only and gravity devices)</i>	1				1:12 student ratio

Cardiac

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
<i>Cardiac Monitor Defibrillator *(12 lead capable)/synchronized cardioversion)</i>	1				1:12 student ratio
Automatic External Defibrillator **	1				
<i>Pacing/ Rhythm Generator</i>	1				1:12 student ratio
<i>End Tidal CO2 monitoring Capnography</i>	1				1:24 student ratio
<i>continuous waveform</i>	1				1:12 student ratio
<i>Thrombolytic/fibrinolytic initiation/ monitoring</i>	1				1:24 student ratio

* - The cardiac monitor should have paddles or be hands off in nature. It should be capable of doing external pacing , cardioversion ,and monitor a minimum of 3 leads.(preferable 12 lead capable) There should be defibrillator pads, monitoring electrodes, paper and spare batteries in sufficient quantity and quality to provide a quality educational experience for the student. Can be monophasic or biphasic. There should be a central battery recharging system accessible at all times.

** - The AED should be either live or placebo in nature. If "live", it should have a training mode or a method of diffusing energy safely for training purposes (in accordance with manufacturers recommendations. In accordance with PA DOH Policies, all AED's should be 2010 AHA Compliant OR the most recent approved version.

Patient Assessment

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Bag or Carrying case There should be 4 patient assessment kits, contain each of the items listed below.					
Bag or Carrying case	4				
BP Cuff (manual) can have NIBP additional	1				
Stethoscope	1				
Dual "training" Stethoscope	2				
Pen Lights	1				
Unsterile dressings (3x3 or 4x4)	Sufficient				
Sterile dressings (4x4, 8x10)	Sufficient				
Lg. Trauma and Burn Dressings	Sufficient				
Roller gauze or Kling (2" - 6")	Sufficient				
Occlusive dressing	1				
Pen and Documentation pad	1				
Scissors (Trauma or Bandage)	1				
Oral Glucose (single use tube)	1				
Blood Glucose monitoring equipment	1				
Cold Packs	1				
Hot Packs	1				
Alcohol preps (25 packets)	1				
KY Jelly/ water soluble lubricant	1				
Tongue blades	1				
Adhesive tape (1" - 2")	Sufficient				
Triangular Bandages (cravats)	4				
Thermometer	1				1:12 student ratio
pulse oximeter (CO capable optional)	1				
commercial tourniquet	1				1:12 student ratio
<i>Morgan Lens/ eye irrigation</i>	1				1:12 student ratio

* - Each bag or carrying case should include the items listed below. Each item should be in good working order and of sufficient quality to be used in field work. There will be a total of 4 bags containing each of the items listed below.

Simulation and Training

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Adult Intubation Manikin	2				
Infant Intubation Manikin	2				
Adult CPR (Torso or Full Manikin) (should have a mankin that can receive a defibrillation)	2				should comply with recommendations 1:12 students
Child CPR (Torso or Full Manikin)	2				should comply with recommendations 1:24 students
Infant CPR	2				should comply with recommendations 1:12 students
Defibrillation Skin *	2				
IV Arm	2				
Obstetrical simulator	1				1:24 students
<i>Chest Decompression simulator</i>	1				1:24 students
<i>Cricothyrotomy simulator</i>	1				1:24 students
Combination (Code/Trauma)	1				
IO Manikin (or other resource)	1				
Additional: (list below)					
Dual "training" Stethoscope	2				
Bottle of Nitroglycerin placebo **	4				
Nitroglycerin Spray placebo **	4				
Unit dose Auto - Injector Pen(s) simulator placebo **(for peer and self administration)	4				
Inhaler placebo **	4				
Oral Glucose (for demonstration)	1				
Aspirin placebo	1				
Football Helmet	1				1:24 students
Motorcycle or Bicycle Helmet	1				1:24 students
Moulage Kit w/ Supplies	1				
Placebo Drug Kit **	1				
<i>indwelling catheters and implanted central IV port access</i>	1				
Mechanical CPR device (optional)	1				
<p>* Defibrillation skin should be compatible with the Adult CPR Manikin and in good working order. Or a mankin that can receive a defibrillation. A High Fidelity Simulator can be in place, however a separate simulator must be available for any skill that the High Fidelity simulator cannot perform)</p>					
<p>** Medication Placebo's should be clearly marked as not being intended for actual medication. The use of candy or breath freshener is encouraged to ensure safe handling. All appropriate precautions should be taken to ensure that no medication is actually capable of being delivered inadvertently.</p>					

Edu Infrastructure

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Obstetrical Kits - disposable	4				
Skeleton	1				1:24 student ratio
Anatomical Charts or models (can be met with skeleton or slides as well)	1 set				1:24 student ratio
TV and VCR/ DVD/ computer/ CD	1				
Overhead and slide projectors/ LCD	1				
Writing board surface(chalk, white or SmartBoard)	1				
Videotapes/Films/Slides/ DVD and PowerPoint or CD	Sufficient				
Other media adjuncts (describe type and number)	Sufficient				1:24 student ratio
Vehicle Rescue Tool Set(can be an agreement/ loaner)	1				1:24 student ratio
Stair Chair	1				1:24 student ratio
Orthopedic Stretcher	1				1:24 student ratio
Reeves Stretcher	1				1:24 student ratio
Wheeled Stretcher	1				1:24 student ratio
Burn Sheets	Sufficient				1:24 student ratio
Patient Care Reports/ or electronic based demo	Sufficient				1:24 student ratio
Length based pediatric tape approved by the DOH.	1				1:24 student ratio
Intranasal training supplies	1				1:24 student ratio
Emergency Response Guidebook	Sufficient				
triage tags or system	1				1:24 student ratio

* OB Kits should be commercially made and in good working order. Items such as cord clamps and ties should be in good working order (i.e.. Not clamped shut).

Immobilization

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Long Spine Board (Plastic)	4				
Short Spine board (KED /vest Type) can be any manufacture	2				
Blankets (wool or cotton)	8				
Pillows	2				
Cervical Immobilization Devices (disposable and reusable)	4				

Immobilization

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
9' Straps (or 4 sets of spider straps)	16				
Hare Traction type Splint (Adult)	2				
Sager traction type splint	1				
Adult PASG -optional (for splinting only)	2				
Pediatric PASG -optional (for splinting only)	1				
Pneumatic Splints (Air or Vacuum)	2 sets				1:24 students
Rigid Splints (Board or Frac-Pak)	2 sets				1:24 students
SAM Splints	8				
Cervical Collars (size ranges) can be adjustable	4 sets				must be sized for all body types

BSI

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Latex Gloves (small, medium, large and x-large) and Non-Latex	Sufficient				
BSI Kits *	4				
HEPA Mask/ N95	2				
Surgical Masks	1 Box				
Eye protection	1				
Hand sanitizer	Sufficient				
PPE for Rescue Operations (a minimum of demonstration set)	1				1:24 Students
(work gloves, eye protection, helmet)					

* - BSI Kits should be commercially made and sufficiently stocked. Should be of a quality sufficient for field work.

Listing of any additional equipment/ supplies not previously listed					

IV and Medications

Equipment Item	Required Quantity	# of Excellent Units	# of Good Units	# of Fair Units	Comments:
Winged Infusion needles	Sufficient				
Catheter-Over needles and needless systems	Sufficient				
IV Prep Kits	Sufficient				
IV Administration Sets (10 gtt,15 gtt and 60 gtt)	Sufficient				
IV Solutions (Variety of sizes and types)	Sufficient				
Syringes (variety of sizes)	Sufficient				
Syringes (1cc TB type)	Sufficient				
Sterile Saline or Water	Sufficient				
Medications (various)	Sufficient				medications must be aligned with current National Edu Standards for cert level and PA protocols
Vacutainer tubes/connector	Sufficient				
Vacutainer Needles (variety)	Sufficient				must be able to perform IM, IV and IO administration
Plastic Biohazard Containers	Sufficient				(these are training use only - no needles)
Tourniquets-disposable	Sufficient				
Band-Aids	Sufficient				
Alcohol Preps/ skin cleaning	Sufficient				
IV Site Preps	Sufficient				
Arm Boards	2				
IV Site Holders	Sufficient				
Nebulizer Unit with Saline Solution	1				
Hot Packs	Sufficient				
Cold Packs	Sufficient				
IO, with/ with out drill trainer, needles and bone(s)	1				
medication auto injector both self/peer and patients own	1				
implanted and indwelling catheters (access only)	1				
Electronic Glucose meter and monitoring equipment	Sufficient				
assist in chest tube insertion	2				
IV pump	1				1:24 students to demonstrate medication admin.

NOTE medications available must for all types and routes of administration

COGNITIVE/COMPUTER ADAPTIVE (written) EXAMINATION SELECTION

Select your level of course completion, upgrade, or renewal from the matrix to choose the appropriate examination.

First exam attempt must be within one (1) year after the training program completion date. All attempts must be completed within two (2) years of training program completion date. (EMS System Act 1023.21 Part 4c1) Successfully completed exams are valid for one (1) year.

To register for an exam, first go to www.nremt.org. Then to schedule the date, time, and location for an exam go to www.pearsonvue.com. Applicants are responsible for all requirements, costs, and fees associated with the exam(s). **All PA Regional EMS Council Educational Coordinators are considered “State Officials or approved agents” by the PA Department of Health, Bureau of EMS for National Registry of Emergency Medical Technicians (NREMT) examination verification purposes. Please contact your local (EMS Educational Institute) PA Regional EMS Council in the event of any questions or a need for examination verifications.**

Items in parentheses below indicate certification(s) issued to successful candidates as per this matrix.

EMS CANDIDATE/EMS PROVIDER LEVEL	BETWEEN 16-18 YEARS OF AGE INITIAL EXAM	BETWEEN 16-18 YEARS OF AGE ATTEMPTS AFTER THE INITIAL EXAM	18+ YEARS OF AGE INITIAL EXAM	18+ YEARS OF AGE ATTEMPTS AFTER THE INITIAL EXAM *	18+ NREMT RECERTIFICATION BY EXAMINATION**	LAPSE OF REGISTRATION (RENEWALS)***
Emergency Medical Responder (EMR)	<i>EMR</i> (NREMT & PA certification)	<i>EMR</i> (NREMT & PA certification)	<i>EMR</i> (NREMT & PA certification)	<i>EMR</i> (NREMT & PA certification)	<i>EMR</i> (NREMT & PA certification)	<i>Assessment - EMR</i> (PA certification)
Emergency Medical Technician (EMT)	<i>Assessment - EMT</i> (PA certification)	<i>Assessment - EMT</i> (PA certification)	<i>EMT</i> (NREMT & PA certification)	<i>EMT</i> (NREMT & PA certification)	<i>EMT</i> (NREMT & PA certification)	<i>Assessment - EMT</i> (PA Certification)
Advanced Emergency Medical Technician (AEMT)			<i>Advanced EMT</i> (NREMT & PA certification)	<i>Advanced EMT</i> (NREMT & PA certification)	<i>Advanced EMT</i> (NREMT & PA certification)	<i>Assessment - AEMT</i> (PA certification)
Paramedic (P)			<i>Paramedic</i> (NREMT & PA certification)	<i>Paramedic</i> (NREMT & PA certification)	<i>Paramedic</i> (NREMT & PA certification)	<i>Assessment - Paramedic</i> (PA certification)
Pre-Hospital RN (PHRN)			<i>Assessment - Paramedic</i> (PA PHRN certification)	<i>Assessment - Paramedic</i> (PA PHRN certification)		<i>Assessment - Paramedic</i> (PA PHRN certification)
Pre-Hospital Physician Extender (PHPE)			<i>Assessment - Paramedic</i> (PA PHPE certification)	<i>Assessment - Paramedic</i> (PA PHPE certification)		<i>Assessment - Paramedic</i> (PA PHPE certification)
Pre-Hospital Physician (PHP)			<i>BLS Psychomotor Exam ONLY</i> (PA PHP certification)	<i>BLS Psychomotor Exam ONLY</i> (PA PHP certification)		<i>BLS Psychomotor Exam ONLY</i> (PA PHP certification)

* If you must attempt the examination multiple times, please follow the PA DOH Bureau of EMS Certification/Retest Matrix.

** Recertification by examination requires both the COGNITIVE/COMPUTER ADAPTIVE (written) and psychomotor (practical) examination, except for PHP certification. All continuing education including core requirements MUST be complete and up to date.

***Lapse of registration (renewals/reinstatements), must follow the PA DOH Bureau of EM Certification/Retest Matrix. All continuing education including core requirements MUST be complete and up to date.

(Continued on next page)

If at any level, you are required to have a psychomotor exam, please contact your PA regional EMS Council.

Individuals who currently have only PA certification and are interested in pursuing National Registry certification ; must follow the National Registry process for that specific provider level.

NOTE: Individuals seeking National Registry of Emergency Medical Technicians (NREMT) certification at any level must assure that they meet the requirements of the NREMT in order to gain, maintain or regain their NREMT credentials. NREMT requirements may differ somewhat from the Pennsylvania Department of Health certification requirements.

EMSVO MATRIX

<i>PA Certified EMS Provider</i>	<i>Initial Certification</i>	<i>Registration Continuing Education</i>	<i>Additional Notes</i>
Emergency Medical Services Vehicle Operator (EMSVO)	<p>Completes an application.</p> <p>Is 18 years of age or older.</p>	<p>3 year registration 1 hour per year (3 hours / registration period)</p>	<p><i>No continuing education requirements exists for the EMSVO that is only affiliated with a Quick Response Service (QRS)</i></p> <hr/> <p><i>Transition for operators of ground ambulances and squad vehicles. A person who drove an ambulance or squad vehicle prior to April 10, 2014, and who satisfies the certification requirements under PA Code § 1023.22 (b), may serve as an EMSVO until July 9, 2014, without having secured a certification as an EMSVO.</i></p> <hr/> <p><i>Documented proof of completion of a Pennsylvania Department of Health approved Emergency Vehicle Operator Course (EVOC)</i></p> <ul style="list-style-type: none"> ○ Copy of original course completion certificate OR ○ Recorded on Provider Continuing Education Record in Pennsylvania Emergency Medical Services Registry System (EMSRS) OR ○ EMS Education Institute Course Roster OR ○ Approved EMS Agency Licensing Application Personnel Roster
Emergency Medical Responder (EMR)	<p>Has a current driver's license.</p> <p>Is not addicted to alcohol or drugs.</p>	<p>3 year registration 1 hour per year (3 hours / registration period)</p>	
Emergency Medical Technician (EMT)	<p>Is free from physical or mental defect or disease that may impair the person's ability to drive a ground EMS vehicle.</p> <p>Has successfully completed an emergency vehicle operator's course of instruction approved by the Department.</p>	<p>3 year registration 1 hour per year (3 hours / registration period)</p>	
Advanced Emergency Medical Technician (AEMT)	<p><u>Has not:</u></p>	<p>2 year registration 1 hour per year (2 hours / registration period)</p>	
Paramedic (P)	<p>Been convicted within the last 4 years prior to the date of application of driving under the influence of alcohol or drugs.</p>	<p>2 year registration 1 hour per year (2 hours / registration period)</p>	
Pre-Hospital Registered Nurse (PHRN)	<p>Within the last 2 years prior to the date of application been convicted of reckless driving or had a driver's license suspended due to use of drugs or alcohol or a moving traffic violation.</p>	<p>2 year registration 1 hour per year (2 hours / registration period)</p>	
Pre-Hospital Physician Extender (PHPE)	<p>Has successfully completed an EVOC following a disqualification from certification under paragraph (7), regardless of whether the person successfully completed the course previously.</p>	<p>2 year registration 1 hour per year (2 hours / registration period)</p>	
Pre-Hospital Physician (PHP)		<p>2 year registration 1 hour per year (2 hours / registration period)</p>	

EMSVO CREDENTIALING DOCUMENT

EMSVO Credentialing document EMS Agency _____

Name	Certification Level	Certification Number	EVOIC Certified Yes/No	Drivers License #	State	DUI within 4 years Yes/No	Reckless driving conviction within 2 Years Yes/No	Driving Suspension within 2 Years Yes/No

I certify that the people identified on this form are affiliated with this agency and the information contained on this form is true and correct to the best of my knowledge

Printed Name _____
 Title _____ Signature _____ Date: _____ Page ____ OF ____

Expires July 9 2014

EMS INSTRUCTOR EVALUATION FORM



EMS Instructor Evaluation

(Print)

Name: _____ Certification Number: _____ Date: _____ Region: _____
 EMS Education Institute or Continuing Education Sponsor: _____ Course Level: _____
 Subject: _____ Start Time: _____ End Time: _____
 Name of Evaluator: _____ Location of Class: _____

Evaluate the instructor using the following scale

1 Unsatisfactory	2 Inconsistent	3 Consistent	4 Excellent
Instructor doesn't demonstrate the standards	Instructor demonstrates the standards inconsistently	Instructor demonstrates the standards consistently. Plans for and applies the standards	Instructor demonstrates the standards in multiple ways. Independently plans for and applies the standards

Organization and Preparation			Comments:
	Instructor punctual	Time:	
	Instructor is knowledgeable in subject matter to be covered	1 2 3 4	
	Lesson plan includes goals and objectives	1 2 3 4	
	Visual aids, supplementary teaching/learning items ready and well organized	1 2 3 4	
	Equipment items prepared, clean, functional, and organized	1 2 3 4 N/A	
Objectives			
	Lesson objectives made clear to students	1 2 3 4	
	Lesson introduction created interest and established a need to know	1 2 3 4	
	Related objectives to past sessions	1 2 3 4	
Presentation and Management			
	Created and maintains a learning environment	1 2 3 4	
	Presented course material using a variety of instructional strategies, adapting to students with diverse background and different learning styles	1 2 3 4	
	Information presented in an organized manner with vocabulary at the level of the course and related to the skill sheets and protocols where applicable	1 2 3 4	
	Skill or Demonstration presented in a logical step-by-step sequence relating to protocol and skill	1 2 3 4 N/A	
	If practical skills – Instructor to student ratio met	1 2 3 4	
	Encouraged critical thinking and problem solving	1 2 3 4	
	Instructor was poised and articulate, staying on subject	1 2 3 4	

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	Instructor appearance was appropriate	1 2 3 4	
	Instructor demonstrates classroom management with an understanding of individual and group motivation, dynamics and behavior	1 2 3 4	
	Effective use of time management	1 2 3 4	
Summation		1 2 3 4	
	Instructor's summation and closure is effective	1 2 3 4	
	Instructor relates material covered to future sessions	1 2 3 4	
	Use of time after material covered in this session	1 2 3 4 N/A	
Administrative and facilities			
	Attendance roster present	1 2 3 4	
	Facility has adequate lighting, restrooms, lecture area, breakout area for skill practice and table & chairs (circle if not adequate)	1 2 3 4	

Comments:

Signature of Evaluator:

Signature of EMS Instructor:

Copy to Student sent by: _____ Date: _____

Copy to Training Institute/Coned Sponsor sent by: _____ Date: _____

Performance Parameters: The Instructor should attain a score of three or four in 90% of the total areas and have attained a yes in the categories indicating a yes/no. If the EMS Instructor does not meet the 90%, they will be required to be re-evaluated by a different evaluator from the Regional EMS Council as soon as possible but the Instructor must attain this standard before the Instructor can be recertified as a DOH approved EMS Instructor.

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ICS Matrix

Recommended Acceptable ICS Courses

Course Identifier	Course Title	Course Hrs. Classroom (PSFA)	Course Hrs. Online (EMI)	Pre-Requisites	DOH Con-Ed Course #
ICS- 100 (100.b)	Introduction to Incident Command System, ICS 100	8.5		ELIS	001641
IS-100b	Introduction to Incident Command System, ICS 100		3	None	-----
IS-100.HCb	Introduction to Incident Command System (ICS 100) for Healthcare/Hospitals		3	IS-700.A (700) recommended	-----
IS-200.b	ICS for Single Resources and Initial Action Incidents	12.5	3	ICS 100 or 100b And 700.A	003957
IS-200	NIMS ICS for Emergency Medical Services (NIMS ICS for EMS)	20		None	001229
IS-200	NIMS ICS for the Fire Service (NICS-FS) This course will expire Dec 31, 2015	16		ELIF or EBM and IS-700.A (or 700)	001642
ICSRMFS	Incident Command System and Resource Management for the Fire Service	14.5		None	007757
IS-700.A	National Incident Management System (NIMS), An Introduction	8.0		None	001301
IS-700.A	National Incident Management System (NIMS), An Introduction		3	None	-----

No version (classroom or online) of course available

Note:


1. Only the classroom version of courses have been submitted and approved for continuing education credits for EMS. Online version the individual would have to submit for con-ed by endorsement or however the Bureau of EMS would like to handle.
2. Classroom courses are offered through the Pennsylvania State Fire Academy Local Level Training System. The online courses are offered through the Emergency Management Institute, <http://training.fema.gov/IS/NIMS.asp>.

Continued next page

3. If an individual submits a NIMS ICS for Emergency Medical Services (NIMS ICS for EMS) or NIMS ICS for the Fire Service (NICS-FS) certificate this can be accepted in the place of the 100.b (100) requirement as these courses contain 100 materials.
4. If an individual submits an ICS for Single Resources and Initial Action Incidents certificate is assumed that they have taken 100 which is the pre-requisite requirement for this course. EMS could take this on the honor system that they have completed 100 and accept as meeting the 100 requirement.
5. Currently working with assistant administrator and DHS staff to consider changing pre-requisites 100b classroom version and ICS 200 NIMS ICS for the Fire Service (NICS-FS).

Other Acceptable Courses

Course Identifier	Course Title	Course Hrs Classroom	Course Hrs. Online	Pre-Requisites	DOH Con-Ed Course #
IS-100.FDA	Introduction to Incident Command System (ICS 100) for Food and Drug Administration		3	None	NONE
IS-100.FWa	Introduction to Incident Command System (ICS 100) for Federal Workers		3 (2.15 + exam)	None	NONE
IS-100.HE	Introduction to Incident Command System (ICS 100) for Higher Education	8.5	3	700.A (700) required	NONE
IS-100.LEb	Introduction to Incident Command System (ICS 100) for Law Enforcement		3	700.A (700) recommended	NONE
IS-100PWb	Introduction to Incident Command System (ICS 100) for Public Works		3	700.A (700) recommended	NONE
IS-100SCa	Introduction to Incident Command System (ICS 100) for Schools	8.5	3	IS 700 (700.A) required	NONE

 Notes no version (classroom or online) of course available


Note: These are other 100 online courses that could be accepted as meeting the requirement for ICS 100. We would recommend that you accept the courses already approved for continuing education and those that have been recognized to meet and address specific profession as noted on the first page. It would be up to the Bureau of EMS if they would accept courses on the “other acceptable course” list.


HAZMAT Matrix

Recommended Acceptable Hazardous Materials Courses

Course Identifier	Course Title	Course Hrs Classroom	Course Hrs. Online	Pre-Requisites	DOH Con-Ed Course #
HMA	Hazardous Materials Awareness (NFPA 472)	4 hrs		None	003595
HMAR	Hazardous Materials Awareness Refresher (NFPA 472)	2 hrs		HMA	002084
DHMO	Delmar Hazardous Materials Operations (NFPA 472)	24 hrs		DHMA or equivalent (Bucks course)	001409
DHMOR	Delmar Hazardous Materials Operations Refresher (Jones & Bartlett)	6 hrs		DHMO or equivalent (Bucks Course)	002012
HMBLS	Basic Life Support & Hazardous Materials Response- NFA	16 hrs		PA DOH Bureau of EMS certification (FR, EMT, EMTP, HP) or Fire Service personnel ELIS	002085
	NFPA 473 Hazardous Materials for Basic Life Support (Bucks)	24 hrs		None	003136
	Hazardous Materials Awareness - NFPA 472 (Bucks) Jones & Bartlett	4 hrs		None	006891
	Hazardous Materials Awareness Refresher NFPA 472 (Bucks) Jones & Bartlett	2 hrs		Hazardous Materials Awareness Class (classroom or online)	006898
	Hazardous Materials Awareness NFPA 472 (Bucks) Online		3 hrs	None	006896
	Hazardous Materials Awareness Refresher NFPA 472 (Bucks) Online		2 hrs	Hazardous Materials Awareness Class (classroom or online)	006897
	Hazardous Materials Operations Level – Core NFPA 472 (Bucks) (Jones & Bartlett)	8 hrs		Hazardous Materials Awareness Class (classroom or online)	006893
	Hazardous Materials Operations Level – PPE NFPA 472 (Bucks) (Jones & Bartlett)	2 hrs		Hazardous Materials Operations: Core	006894

	Hazardous Materials Operations Level - Product Control NFPA 472 (Bucks) (Jones & Bartlett)	2hrs		Hazardous Materials Operations: Core & PPE	006888
	Hazardous Materials Operations Level 472 and OSHA HAZWOPER (Bucks)	24 hrs		Hazardous Materials Awareness Class (classroom or online)	006887
	Hazardous Materials Operations Level Annual Refresher 472 and OSHA HAZWOPER (Bucks)	2 hrs		Hazardous Materials Operations	006899
	National Pro-Board or IFSAC HMA 472 Awareness Certification			Meet requirements of the NFPA standard at the time of testing	
	National Pro-Board or IFSAC HMO 472 Operations Certification (Core, PPE, Product Control)			Meet requirements of the NFPA standard at the time of testing	
	National Pro-Board or IFSAC HMT 472 Technician Certification			Meet requirements of the NFPA standard at the time of testing	
	National Pro-Board or IFSAC 473 EMS Personnel Responding to Hazardous Materials/WMD Incidents: Basic Life Support Certification (this is a Operations Level certification)			Meet requirements of the NFPA standard at the time of testing	
	National Pro-Board or IFSAC 473 EMS Personnel Responding to Hazardous Materials/WMD Incidents: Advanced Life Support Certification (this is a Operations Level certification)			Meet requirements of the NFPA standard at the time of testing	
	National Pro-Board or IFSAC 473 EMS Personnel Responding to Hazardous Materials/WMD Incidents: Advanced Life Support Responder Mission Specific Certification (this is a Operations Level certification)			Meet requirements of the NFPA standard at the time of testing	

 Notes no version (classroom or online) of course available

 No course coding, con-ed course numbers or course available.

If an individual submits courses completed through Bucks at the HMO level they need to submit all three (Core, PPE and Product Control) which is equalivant to the PSFA DHMO 24hr course. These are new courses based on the NFPA 472 Hazardous Materials Standard.

Two additional courses at the Operations Level have been added as acceptable as meeting the EMS Educational Standards, these courses are based on OSHA HAZWOPER and NFPA 472 Hazardous Materials Standard.

The above training courses and national certifications are based on either the National Fire Protection Association (NFPA) 472 Hazardous Materials Standard or the NFPA 473 EMS Personnel Responding to Hazardous Materials/WMD Incidents. These courses and/or certification meet the requirement of the initial and annual update training as required by OSHA 1910.120 and the EPA's 40 CFR 311 for Emergency Service Providers.

Hazmat training and/or national certification shall be dated within the year when submitted. Example would be if you completed training in Sept 30, 2012 then you need to complete refresher training by August 30, 2013 in order to maintain compliance.

Certification and training are independent of each other. Certification is a measurement of skills & knowledge based upon the NFPA standards that are in place at the time of testing and is separate and independent of training. Training is completion of required course hours usually has some type of final course measurement tool, i.e. quiz, course test.

Information from Pennsylvania Department of Environmental Protection, Division of Hazardous Waste Management as it pertains to hazmat training and emergency responders.

PART 311—WORKER PROTECTION

Sec.

311.1 Scope and application.

311.2 Definition of employee.

§ 311.1 Scope and application.

The substantive provisions found at 29 CFR 1910.120 on and after March 6, 1990, and before March 6, 1990, found at 54 FR 9317 (March 6, 1989), apply to State and local government employees engaged in *hazardous waste operations*, as defined in 29 CFR 1910.120(a), in States that do not have a State plan approved under section 18 of the Occupational Safety and Health Act of 1970.

§ 311.2 Definition of employee.

Employee in § 311.1 is defined as a compensated or non-compensated worker who is controlled directly by a State or local government, as contrasted to an independent contractor.

These are not our Department's regulations, although Pennsylvania does incorporate Federal hazardous waste regulations (40 CFR 265.16) by reference which refer to Part 29 Federal Occupational Safety and Health Administration (OSHA) as one alternative to providing emergency response training to hazardous waste facility personnel (the 40 CFR 265.16 provision does not specifically apply to State and local government emergency responders). I am not sure where the tie to 40 CFR Part 311 comes in to play for State and Local Government employees and what agency is responsible for overseeing and enforcing that regulation (it may be OSHA itself or the PA Department of Labor and Industry's Bureau of Occupational and Industrial Safety).

Medical Command Physician Application



pennsylvania Medical Command Physician Application DEPARTMENT OF HEALTH

First Name _____ Last Name _____

Address _____ Apt _____

City _____ State _____ Zip _____ County _____

Phone: () _____ - _____ Email _____

Date of Birth ____/____/____ *Social Security# ____-____-____ Gender: Male Female Other
MM/DD/YYYY XXX-XX-XXXX

Race Select One _____

Do you have any prehospital certifications? None Certification # _____

Doctorate Degree: MD DO PA Medical License# _____ Expiration Date ____/____/____

Are you a current medical command physician? Yes No Medical Command Physician # _____

1. Are you a practicing emergency medicine physician or have at least 3 years experience as a full time emergency physician? If No, go to 1a.
 Yes No
- 1a. Are you a second year or subsequent year in a accredited emergency medicine residency program?
 Yes No
2. You must satisfy one of the following. Please check which applies to you.
 - A. Completed an accredited emergency medicine residency program
 - B. Have had/has an emergency medicine practice in another jurisdiction and has combination of training/education to serve as a medical command physician (Needs department approval)
 - C. Have completed or taught in the last two years the following courses:
 - Advance Cardiac Life Support
 - Advance Trauma Life Support
 - Pediatric Advance Life Support or Advance Pediatric Life Support
3. Do you have a DEA number or authorized to use the hospital's DEA number?
 Yes No
4. Have you completed a medical command physician course? (if yes, attach copy of certificate)
 Yes No
5. Have you completed the most recent update or refresher course that the Department provided on Statewide and other applicable Department-approved EMS protocols. (Please attach certificate)?
 Yes No

Signature _____ Date _____

Medical Command Facility _____

Medical Command Facility Director _____
Print

Medical Command Facility Director _____ Date _____
Signature

28 Pa. Code § 1031.8 (c)

A medical command physician's certification is deemed registered for 3 years. Thereafter, a medical command physician shall triennially register the certification on a form or through an electronic process, as prescribed by the Department. The Department will issue a new registration within 30 days after the application for registration is filed if the application demonstrates that the medical command physician:

- (1) Maintains licensure as a physician.
- (2) Has an arrangement with a medical command facility to serve as a medical command physician for that facility.
- (3) Is practicing as an emergency medicine physician or has had at least 3 years of experience as a full-time emergency medicine physician.
- (4) Has completed the most recent update or refresher course that the Department provided on Statewide and other applicable Department-approved EMS protocols.

*Note: If you choose not to disclose Social Security: Complete page 2 and attach a copy of PA Driver's license or PA photo ID

Processing Continuing Education Sponsor Applications

Continuing Education Sponsor requirements:

- Go to <https://ems.health.state.pa.us/EMSPortal/login.aspx> and log in
- Click on Class & Course Applications
- Click on Search for Sponsors and Training Institutes
- Right click on “Con. Ed. Sponsor application and Select “Save Target As..” to download the Application to your desktop
- Complete the CE Sponsor Application (Page 103)

NOTE: Once the sponsor has completed the application, the application must be signed And submitted to the assigned PA Regional EMS Council.

Regional EMS Council Only

Upon receipt and verification of an initial Sponsor Application:

- a. Assign Continuing Education Sponsor Accreditation Number (If Applicable)
- b. Log in to the EMS portal
- c. Click on Class & Course Applications
- d. Click on Search for Sponsors and Training Institutes
- e. Click on “Add New Sponsor”
- f. Complete all blocks down to and including “Application Date”
- g. Click on “Save”
- h. Scan and E-mail BEMS the completed application.

Upon receipt and verification of a Renewal Sponsor Application:

- i. Log in to the EMS portal
- j. Click on Class & Course Applications
- k. Click on Search for Sponsors and Training Institutes
- l. Enter Sponsor Number
- m. Click “Search Now”
- n. Click on sponsor Name
- o. Click on Edit
- p. Update all blocks down to and including “Application Date”
- q. Click on “Save”
- r. Scan and E-mail BEMS the completed application.

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES**

**CONTINUING EDUCATION SPONSOR ACCREDITATION APPLICATION
SECTION I - ACCREDITATION INFORMATION**

<input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Renewal Accreditation	Sponsor Number: _____	Date: _____
--	--	--------------------

Name of Agency: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Regional EMS Council: _____ **Regional Code:** _____ County Code: _____

Contact Person:	E-Mail Address: _____
Name: _____	Title: _____
Address: _____	Daytime Telephone: _____
City: _____ State: _____ Zip Code: _____	Evening Telephone: _____

Principle Business (MARK ONE): <input type="checkbox"/> EMS Education <input type="checkbox"/> Hospital <input type="checkbox"/> Ambulance Service <input type="checkbox"/> QRS <input type="checkbox"/> Other: _____	Continuing Education Level (MARK ONE): <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> BOTH
--	--

On behalf of the applicant, I hereby agree, that if granted accreditation as a continuing education sponsor, the applicant shall follow all rules and regulations established by the Department. The applicant acknowledges that failure to do so may result in withdrawal or non-renewal of accreditation. In addition, the applicant agrees that all continuing education programs offered/registered via the web will meet the following minimum standards:

1. The courses shall be of intellectual and practical content.
2. The courses shall contribute directly to the professional competence, skills and education of prehospital personnel.
3. The course instructors shall possess the necessary practical and academic skills to conduct the course effectively.
4. Course materials shall be well COGNITIVE/COMPUTER ADAPTIVE (written) , carefully prepared, readable, and distributed to attendees at or before the time the course is offered whenever practical.
5. The courses shall be presented in a suitable setting devoted to the educational purpose of the course.
6. The course completion paperwork shall be submitted to the regional EMS council within 10 days after the course has been presented.

Print Name: _____ Date: _____

Signature: _____ Title: _____

SECTION II - ACCREDITATION RENEWAL INFORMATION

Instructions: List at least five (5) continuing education courses offered in the past three (3) year period.

Accreditation Renewal Verification		
Date -- Month/Year	Class Number	# of Students Registered

SECTION III - REGIONAL EMS COUNCIL USE ONLY

Date Received: _____ Complete
 Incomplete
 Current Expiration Date: _____ If incomplete, date returned: _____
 Reviewed by: _____ Title: _____
 Date Reviewed: _____

Action Recommended:
 Approval
 Approval for Provisional Accreditation
 Disapproval
 Date of Recommendation: _____

Date Submitted to Department: _____

If disapproval or approval for provisional accreditation is recommended, please state reason:

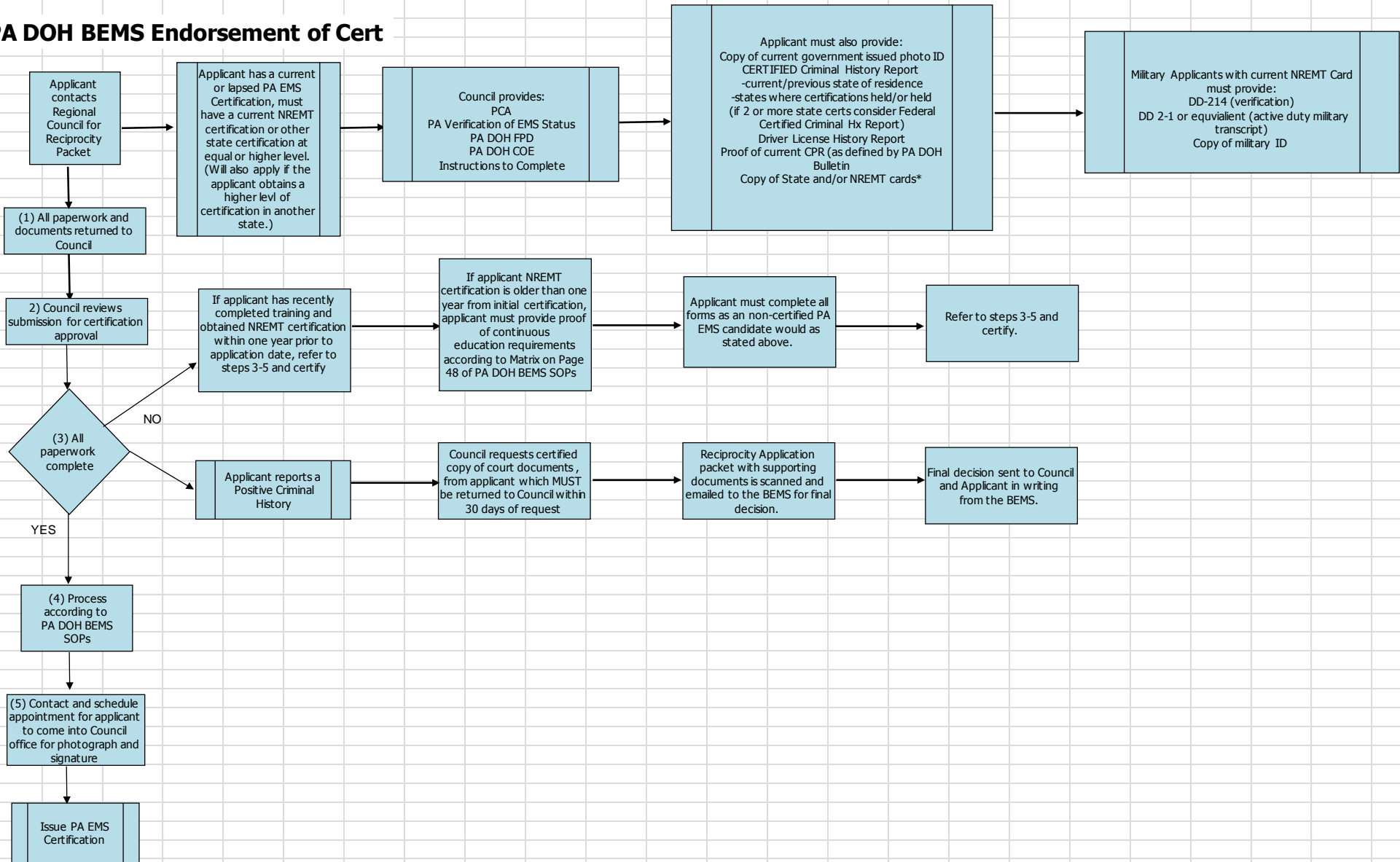
Notification to Applicant: _____ (Date)

SECTION IV - DEPARTMENT USE ONLY

Date Received: _____ Previous expiration date: _____
 Approved (For Provisional) Compliance by: _____
 Approved for Provisional Accreditation New expiration date: _____
 Disapproved
 Reviewed by: _____ Date: _____ Date Forwarded to region EMS council: _____
 Reason(s) for Disapproval: _____

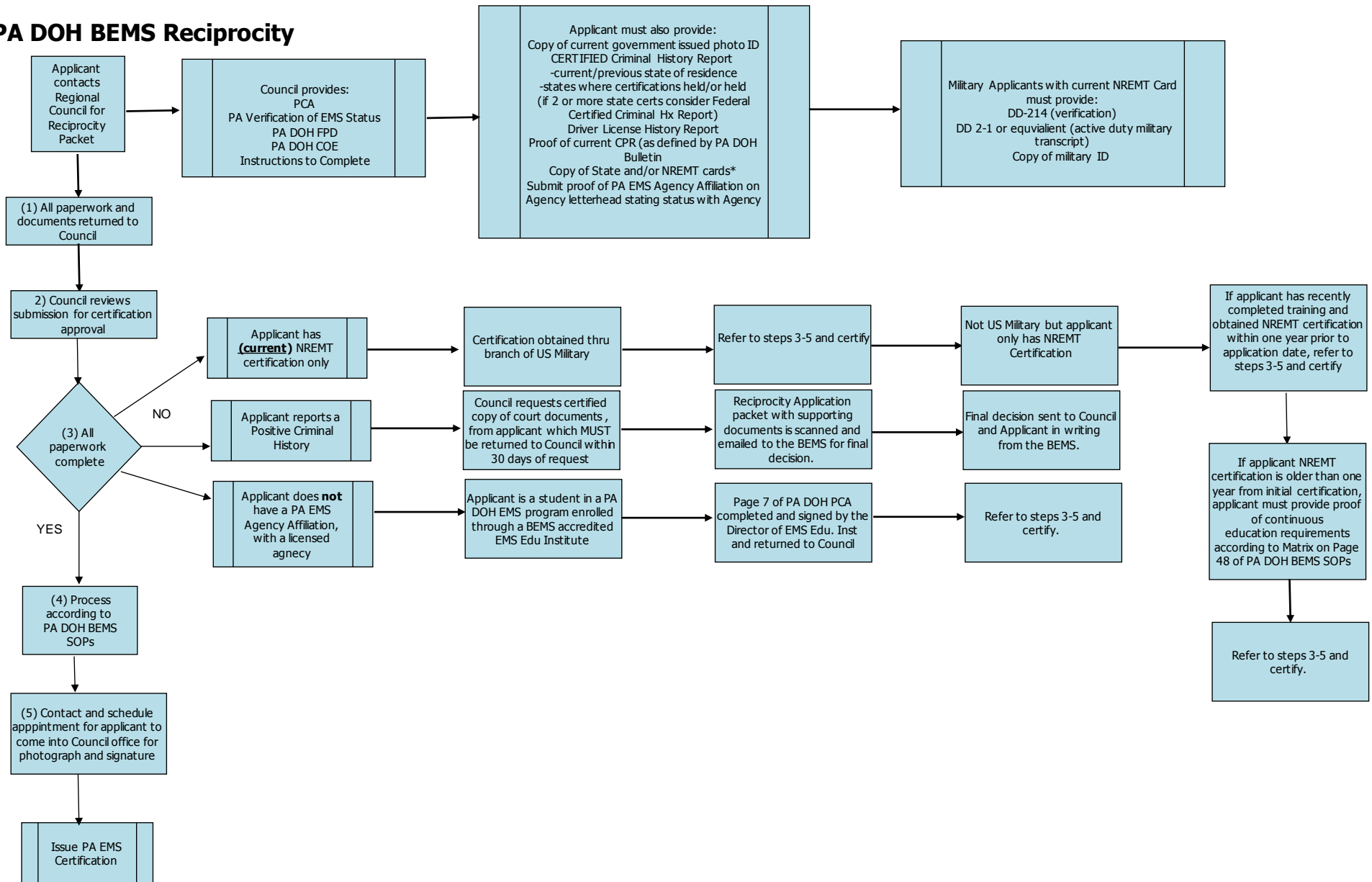
Endorsement Matrix

PA DOH BEMS Endorsement of Cert



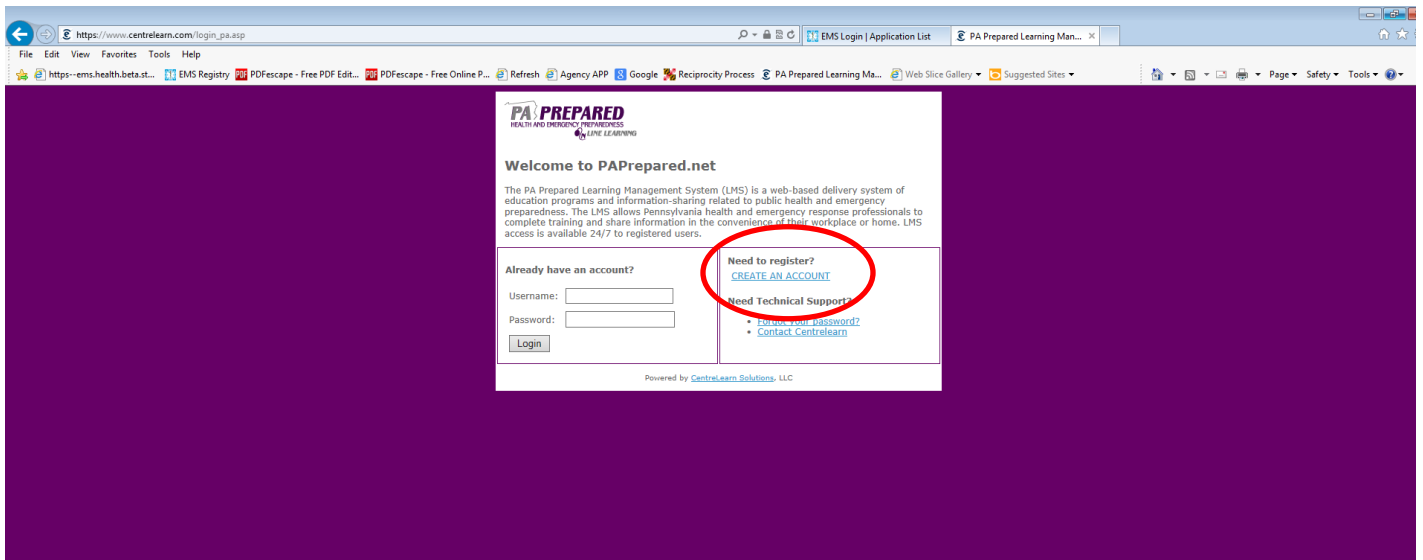
Reciprocity Matrix

PA DOH BEMS Reciprocity

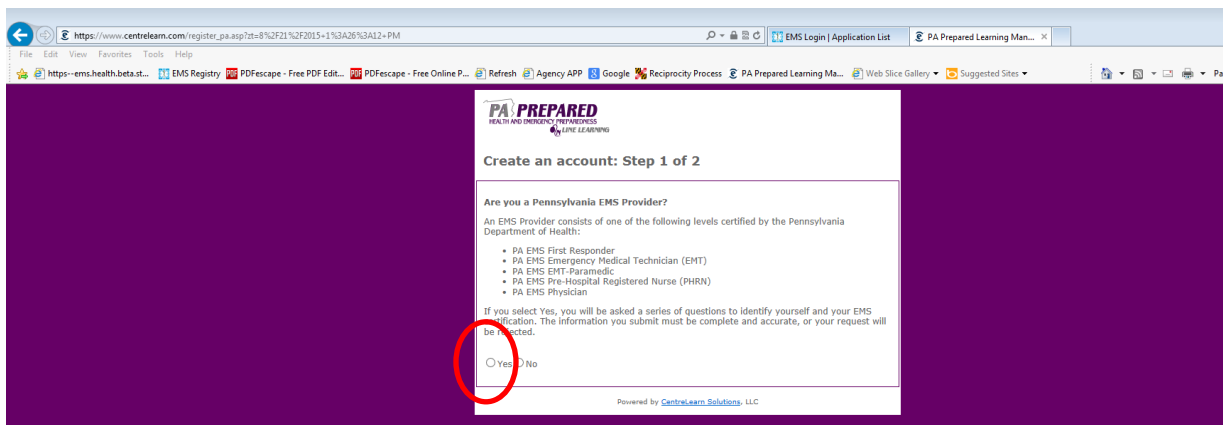



Process For Creating an LMS Accounts

1. Go to www.paprepared.net
2. Select [CREATE AN ACCOUNT](#)



3. Answer Yes



4. Complete the application and click 
5. The System will create a User Name and Password of lower case PA followed by your certification number (pa000000)

6. If you receive the following error



Create an account for : Step 2 of 2

Sorry, but the information you provided does not match the information in the PA EMS database. Please contact the Bureau of EMS at paemsoffice@state.pa.us or (717)787-8740.

Powered by [CentreLearn Solutions](#), LLC

a. **STOP**

b. Contact your Local PA Regional EMS Council Go to www.paprepared.net log in.

1. Your Regional Council will verify and update EMSRS account;

1. Legal address

2. County of Residence

3. Verify An existing account.

a. If there is an existing account that is active;

i. Reset password to match the user ID

ii. Change account status to Active yes

iii. Click Update

iv. Assign tasks as appropriate

b. If there is an existing account that is active.

i. Reset password to match the user ID

ii. Click Update

iii. Assign tasks as appropriate

2. The applicant will;

1. If there is an existing account that is active ;

a. Return to www.paprepared.net

b. Log in with account log in information.

2. If there is no address change;

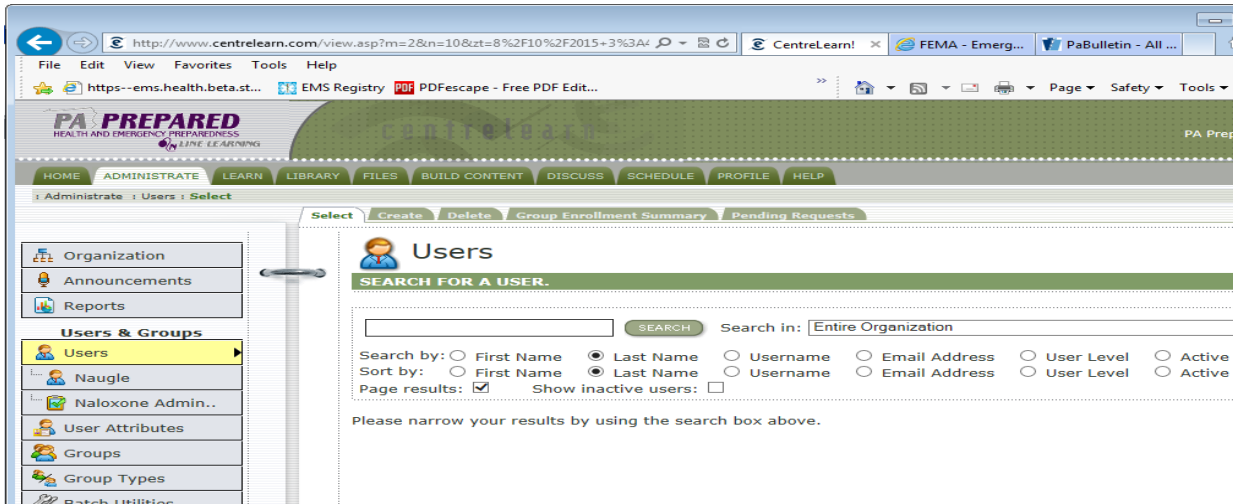
a. Return to www.paprepared.net

b. Register for a new account.

3. If there is an address change;
 - a. Go to <https://ems.health.state.pa.us/emsportal>
 - b. Log in
 - c. Click on Edit Profile Information
 - d. Verify and update the information in Step 1 is correct
 - i. State (State of Residence)
 - ii. Service County (County of residence)
 - iii. E-Mail Address
 - e. Verify and update the information in Step 2
 - iv. Enter Password
 - f. Verify and update information in step 3
 - v. Ensure ALL security questions are answered
 - vi. Verify Zip Code is correct
 - vii. Verify last 4 of SSN is correct
 - viii. Confirm last 4 of SSN by entering last 4 of SSN in space provided
 - ix. Verify Date of Birth is correct
 - x. Verify Certification number is correct
 - g. Click Save, you will then be directed back to the log in screen.

Process For Re-Activating LMS Accounts

7. Log into EMSRS
8. Look up practitioner in EMSRS to verify that they do not have a stop sign.
9. If a stop sign is present contact Vito Lanzillo at vlanzillo@pa.gov
10. Go to www.paprepared.net log in
11. Click on “ADMINIATRATE tab
12. Click on Users



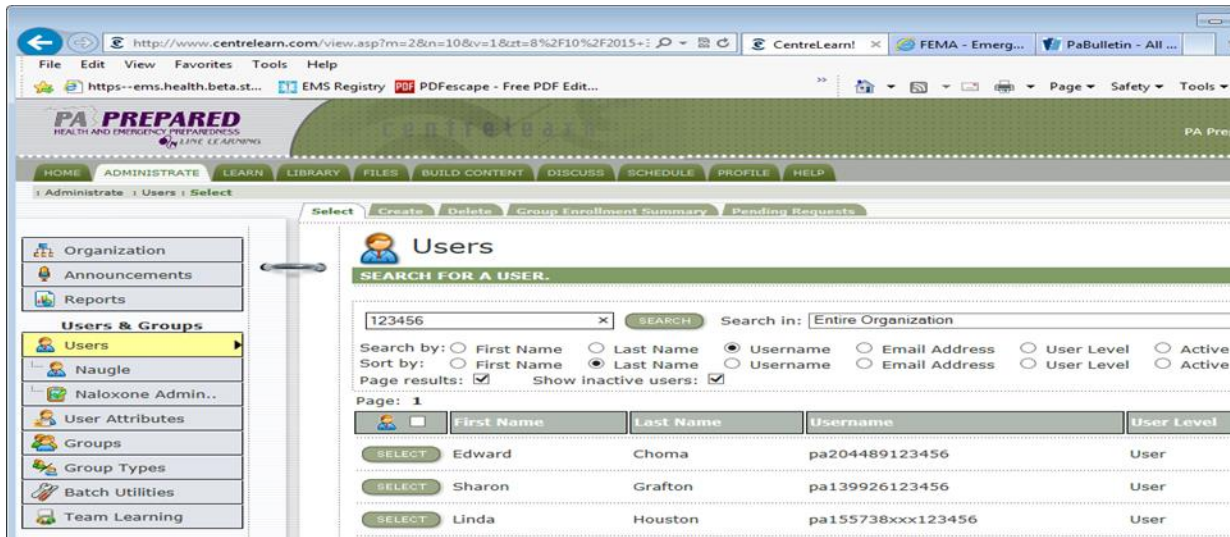
13. Enter Certification number into the Search Box, Click on “User Name” and check “Show Active Users”

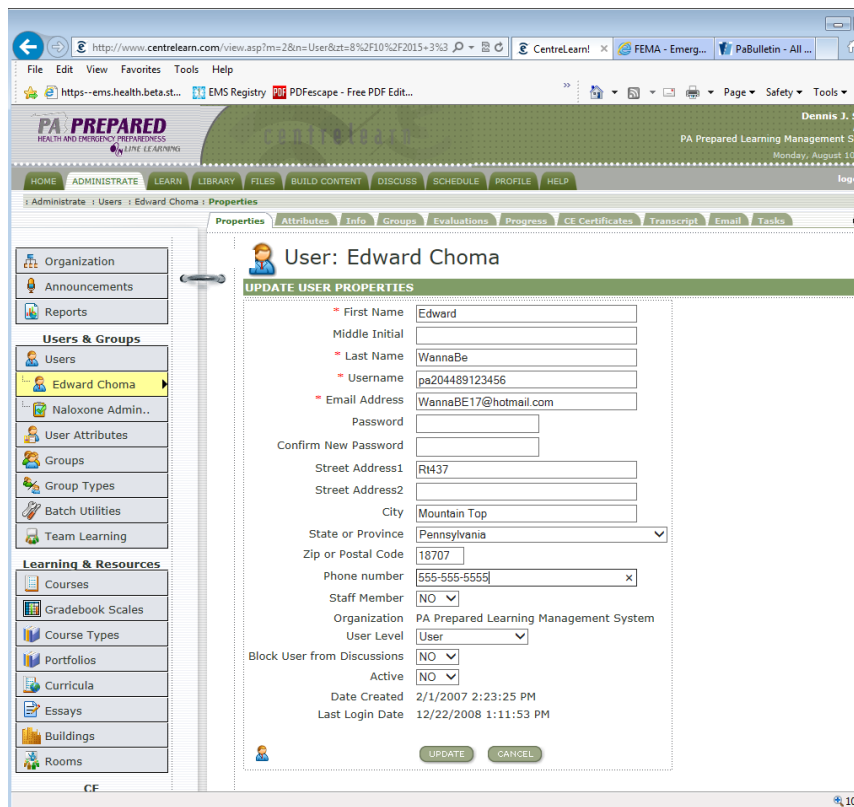
	First Name	Last Name	Username	User Level	Active	Email
	Charlie	Brown	pa204489123456	User	No	
	Suzie	GoodPerson	pa139926123456	User	No	
	Linda	Homemaker	pa155738xxx123456	User	No	

NOTE: If you see user information as indicated below, DO NOT ACTIVATE the account. This practitioner **MUST** contact BEMS

<input type="button" value="SELECT"/>	Scott DO NOT ACTIVATE	BadBoyi DO NOT ACTIVATE	Pa987242SUSPENDED	User No
<input type="button" value="SELECT"/>	Tommy Surrendered	Wontn DO NOT ACTIVATE	Pa991222 CONTACT BEMS 717-787-8740	User No
<input type="button" value="SELECT"/>	Bradly DO NOT ACTIVATE	Kooljoe DO NOT ACTIVATE	Pa998929CONTACT BEMS	User No
<input type="button" value="SELECT"/>	MARCO REVOKED	POLO DO NOT ACTIVATE	Pa9999418REVOKED	User No
<input type="button" value="SELECT"/>	NathanDO NOT ACTIVATE	SneekerrDO NOT ACTIVATE	Pa999887SUSPENDED	User No

15. Click on next to the Users First Name





16. Copy and Paste User name into the Password Blocks

17. Change Active from “NO” to “Yes”

18. Click on “UPDATE”

EMS Registry Troubleshooting

Forgotten Password

1. Go to <https://ems.health.state.pa.us/emsportal>
2. Click on unlock account/Reset Password
 - a. Enter User ID
 - b. Select Authentication Method
 - i. **Email authentication:** To access your information, we will send an email to the address on file for you. Please follow the directions inside the email to reset your password
 - ii. **Answer security questions:** To access your account information, you will need to answer two of the three security questions when you created your account.
 1. **Enter Date of Birth (2 digit month/2 digit Day/4 digit year)**
 2. **Answer the 2 Security questions.** If you would like the system to randomly pick two other security questions from your profile, please click [here](#).
 3. **If the question are answered correctly you will be directed back to the login screen.**

Forgotten User ID

1. Go to <https://ems.health.state.pa.us/emsportal>
2. Click on Forgot User ID
 - a. Enter First Name
 - b. Enter Last Name
 - c. Enter e-mail address
 - d. Click next button

**The System Keeps Looping Me Back to the Log In Screen
I Don't Have a Blue Star of Life
When I Click On My Continuing Education Record I Get Bounced Out**

1. Go to <https://ems.health.state.pa.us/emsportal>
2. Log in
3. Click on Edit Profile Information
4. Verify the information in Step 1 is correct
 - xi. State (State of Residence)
 - xii. Service County (County of residence)
 - xiii. E-Mail Address
5. Verify the information in Step 2
 - xiv. Enter Password
6. Verify information in step 3
 - xv. Ensure ALL security questions are answered
 - xvi. Verify Zip Code is correct
 - xvii. Verify last 4 of SSN is correct
 - xviii. Confirm last 4 of SSN by entering last 4 of SSN in space provided
 - xix. Verify Date of Birth is correct
 - xx. Verify Certification number is correct
7. Click Save, you will then be directed back to the log in screen.

Locating a Pearson Vue Test Center

1. Got to <https://ems.health.state.pa.us/EMSPortal/login.aspx>
2. Locate the link in the lower left of the log in screen.

NEWS: Welcome to the PA EMS online applications!

pennsylvania
DEPARTMENT OF HEALTH

Emergency Medical Services

[Contact Us](#) | [Online Help](#) | [Logout](#)

New User
[Forgot User ID?](#)
[Unlock Account/Reset Password](#)

To access the information contained within this site, you must first supply your User ID and Password. If you are a new user, please click the New User hyperlink on the left.

***** REGISTRY ACCESS *****

If you have tried the Forgot User ID and or Forgot Password Links and you are having trouble accessing your account please contact your Regional EMS Council. The phone number are listed under the Contact Us link above in the right hand corner.

User ID:
[Forgot User ID?](#)

Password:
[Forgot Password?](#)

[Online Continuing Education](#)
[National Registry Information](#)
[Pearson Vue Testing](#)

All EMS programs have been designed and tested using Microsoft Internet Explorer 7.0 and 8.0. Click here to [download](#) a free copy of Microsoft Internet Explorer.

EMS Login v6.0.15

© 2011 [Pennsylvania Department of Health, Commonwealth of Pennsylvania](#)
[Commonwealth of PA Privacy Policy](#)

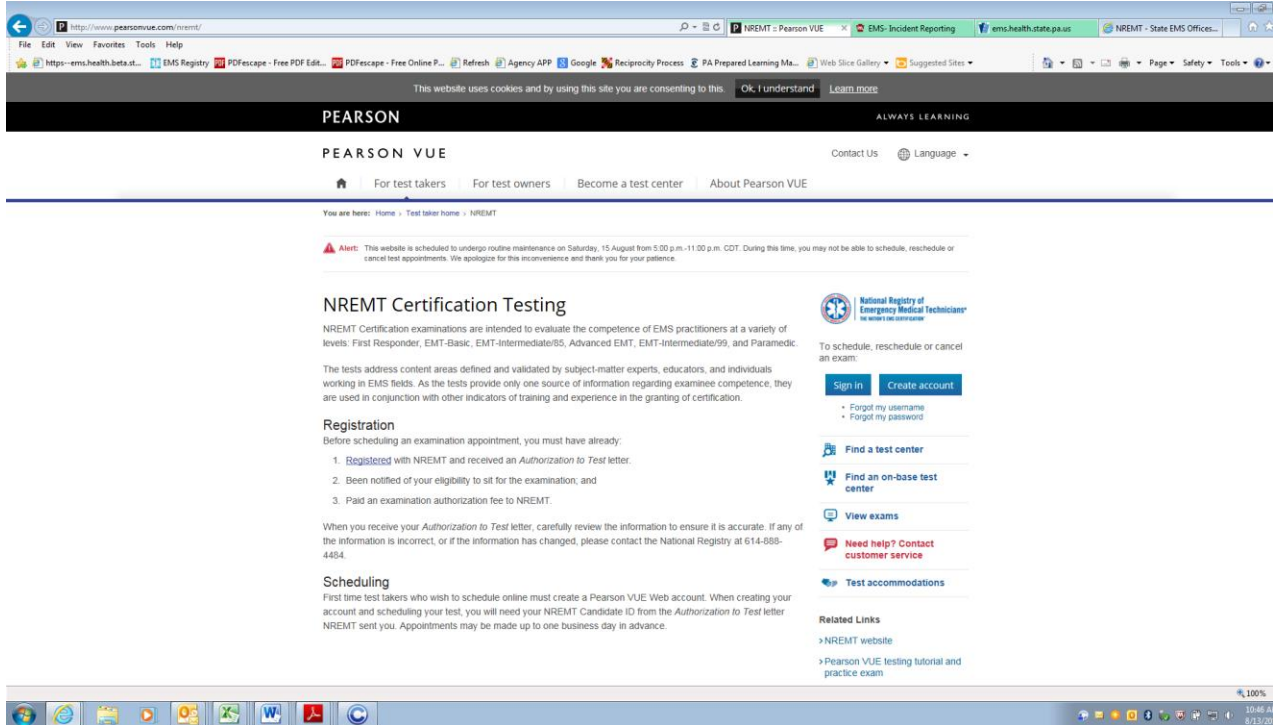
YOU MUST HAVE A GOVERNMENT ISSUED PHOTO ID WHEN APPEARING FOR YOUR EXAMINATION at the PEARSON VUE test center

3. From this screen you will select “For Test Takers:

8. Select the link for [National Registry of Emergency Medical Technicians \(NREMT\)](#)

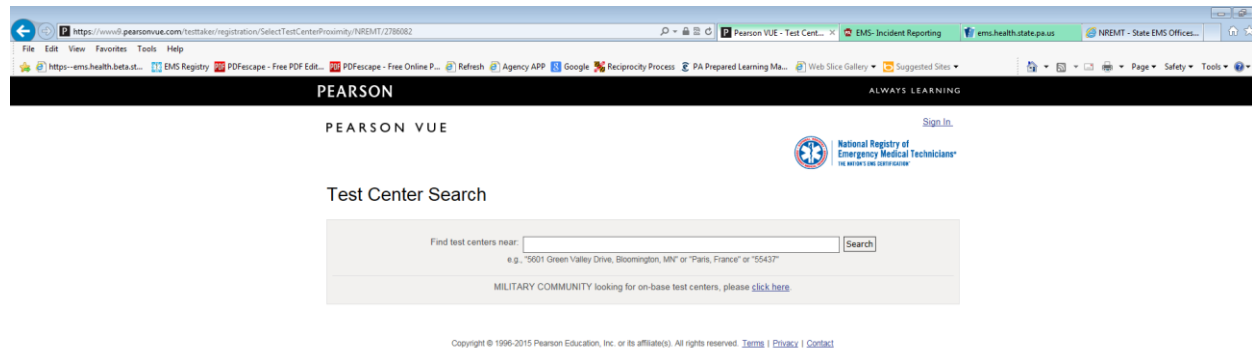
YOU MUST HAVE A GOVERNMENT ISSUED PHOTO ID WHEN APPEARING FOR YOUR EXAMINATION at the PEARSON VUE test center

When you arrive to this screen follow the on line instructions to register for your Examination through the NREMT or to find a test center click on the link to the right [Find a test center](#)



To find the test center closest to you, enter your address in the box provided. e.g., "5601 Green Valley Drive, Bloomington, MN" or "Paris, France" or "55437"

Important Note: Some exams for NREMT require special arrangements and may not be available at all of the test centers listed below. For information on a specific exam, please sign into your web account. YOU MUST HAVE A GOVERNMENT ISSUED PHOTO ID WHEN APPEARING FOR YOUR EXAMINATION at the test center



Applicant Does NOT provide SSN or SSN Prefix is Greater than 750

1. If the applicant has a Social Security Number with a Prefix that is Greater than 750 (750-XX-XXXX).
 - a. Enter the SSN as 555-XX-XXXX
 - b. Save the record
 - c. Edit the record to reflect the correct Social Security number
 - d. Save the record.
2. If the Applicant Does NOT provide a Social Security Number
 - a. Complete the Social Security waiver
 - b. Complete PennDOT Request for Data form (on Next Page)
 - i. Provide Legal Name
 - ii. Provide PA Driver License or Non Driver License number
 - c. Submit to BEMS for;
 - i. BEMS Staff Signature
 - ii. Director Signature

**** . NOTE: PennDOT will usually respond within 5 to 10 days.**

Request for Data

(11-14)

A. Requestor Information - Please indicate by placing an X on the appropriate line:		
<input type="checkbox"/> Law Enforcement <input checked="" type="checkbox"/> Government Agency <input type="checkbox"/> Other		
Name: Jay Taylor	Title: EMS Program Manager	
Agency: PA Department of Health, Bureau of EMS		
Address: RM 606, Health and Welfare Building 625 Forster Street		
City: Harrisburg	State: PA	Zip Code: 17120
Telephone Number: (717)787-8740	Fax Number: (717)772-0910	
Email Address:dennsmith@pa.gov		
B. End User of Information being requested:		
Is the end user different than the requester in Section "A" above? <input type="checkbox"/> es <input checked="" type="checkbox"/> No		
Only Complete This Section (B) If You Answered Yes		
Name:	Title:	
Agency:		
Address:		
City	State:	Zip Code:
Telephone Number:	Fax Number:	
Email Address:		
C. Information Requested – Please provide specifics of information being requested:		
Please provide Social Security numbers for the individuals listed below; John Doe PA Driver License # 12345678 PA		

D. Purpose for Request – Please state why you are requesting the information: (Note: If the information is being requested for a task force, working group, etc. ALL members, along with their agency and title, who will have access to the information need to be listed in this section as well).

Public Welfare, 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.

E. Storage of Information – Please indicate how the information received from PennDOT will be stored and kept secure: The information received will be stored on our secure server located at <https://ems.health.state.pa.us/EMSPortal/login.aspx> this information will only be share with trusted administrative users of the EMS Registry System and not be shared with third parties.

F. Attestation

I attest by signature below that the information provided will be kept secured and used only for the purpose outlined in Section D above and will be in compliance with Section §6114 of the Vehicle Code , 75 Pa. C.S. Section 6114, Limitation on sale, publication and disclosure of records; Title 67, Pennsylvania Code, Chapter 95, Sale, Publication or Disclosure of Driver, Vehicle and Accident Records and Information; the Federal Driver's Privacy Protection Act, U.S.C. §§2721, *et seq*; and the Federal Fair Credit Report Act, 15 U.S.C. §§ 1681, *et seq*. I also understand that by signing this I agree that the information provided will not be disclosed or disseminated to any other parties and that I am responsible for protecting the confidentiality of the information provided.

Signature:	Date:
Print Name: Jay Taylor	
Supervisor's Signature:	Date:
Print Name: Richard L. Gibbons, Director	

Note: If approved, confidential customer information provided by the Department will only be provided in encrypted file format.

Please allow 5 business days for your request to be processed.

Return this form VIA FAX TO Brent D. Lawson, Risk Management Office, AT 717-787-9042 or email to blawson@pa.gov

For Internal Use Only:

Approved By: _____ Date: _____
Director, Risk Management Office

PennDOT Comments:

Certification Verification Process

Applicant Process

1. Obtain certification Verification form from agency requesting verification.
2. Submit form to
 - a. Pennsylvania Department of Health
Bureau of Emergency Medical Services
Room 606 Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120
 - b. Fax (717)772-0310
 - c. E-mail arhone@pa.gov
3. If no form is available submit request in writing.
4. Information Required
 - a. Full Name at time of certification
 - b. Certification number and level
 - c. Date of Birth
 - d. Last four of Social Security Number

NOTE: Original Documents will NOT be returned to the applicant. All original documents will be mailed and/or faxed to the Agency requesting verification. Copies of forms will not be returned to the applicant unless a self-addressed stamped envelope is provided.

5. Allow 45 days for processing.
6. Follow up with agency requesting verification.
7. If form is not received follow up with Regional EMS Council

BEMS Processing

1. Receive form.
2. Look applicant up in EMSRS and/or CETAC
3. Complete form
4. Make note in Applicant record on the notes tab.
5. Fax form if available
6. Mail originals to Agency requesting verification
7. Mail copy to applicant if requested and if a Self-Addressed stamped envelope is provided

Medical Command Physician Application



pennsylvania Medical Command Physician Application DEPARTMENT OF HEALTH

First Name _____ Last Name _____

Address _____ Apt _____

City _____ State _____ Zip _____ County _____

Phone: () - _____ Email _____

Date of Birth / / *Social Security# - - Gender: Male Female Other
MM/DD/YYYY XXX-XX-XXXX

Race Select One _____

Do you have any prehospital certifications? None _____ Certification # _____

Doctorate Degree: MD DO PA Medical License# _____ Expiration Date / /

Are you a current medical command physician? Yes No Medical Command Physician # _____

1. Are you a practicing emergency medicine physician or have at least 3 years experience as a full time emergency physician? If No, go to 1a.
 Yes No
- 1a. Are you a second year or subsequent year in a accredited emergency medicine residency program?
 Yes No
2. You must satisfy one of the following. Please check which applies to you.
 - A. Completed an accredited emergency medicine residency program
 - B. Have had/has an emergency medicine practice in another jurisdiction and has combination of training/education to serve as a medical command physician (Needs department approval)
 - C. Have completed or taught in the last two years the following courses;
 - Advance Cardiac Life Support
 - Advance Trauma Life Support
 - Pediatric Advance Life Support or Advance Pediatric Life Support
3. Do you have a DEA number or authorized to use the hospital's DEA number?
 Yes No
4. Have you completed a medical command physician course? (if yes, attach copy of certificate)
 Yes No
5. Have you completed the most recent update or refresher course that the Department provided on Statewide and other applicable Department-approved EMS protocols. (Please attach certificate)?
 Yes No

Signature _____ Date _____

Medical Command Facility _____

Medical Command Facility Director _____
Print

Medical Command Facility Director _____ Date _____
Signature

28 Pa. Code § 1031.8 (c)
A medical command physician's certification is deemed registered for 3 years. Thereafter, a medical command physician shall triennially register the certification on a form or through an electronic process, as prescribed by the Department. The Department will issue a new registration within 30 days after the application for registration is filed if the application demonstrates that the medical command physician:
(1) Maintains licensure as a physician.
(2) Has an arrangement with a medical command facility to serve as a medical command physician for that facility.
(3) Is practicing as an emergency medicine physician or has had at least 3 years of experience as a full-time emergency medicine physician.
(4) Has completed the most recent update or refresher course that the Department provided on Statewide and other applicable Department-approved EMS protocols.

*Note: If you choose not to disclose Social Security: Complete page 2 and attach a copy of PA Driver's license or PA photo ID