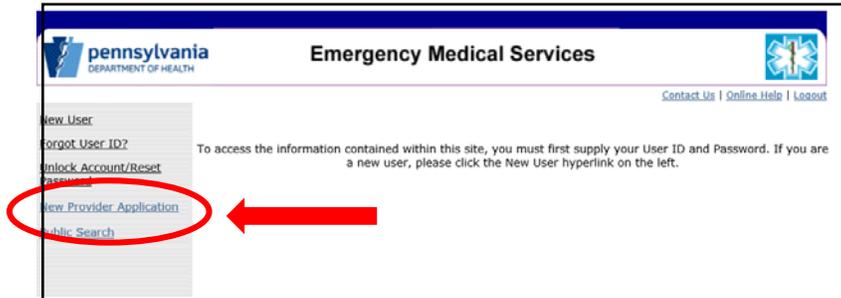
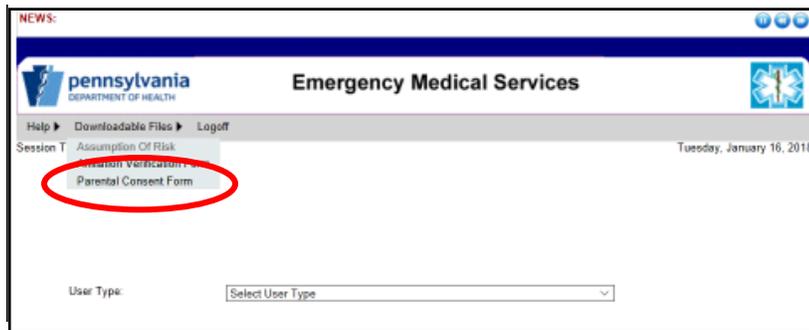


EMS Registry Job Aid for an EMR or EMT Student

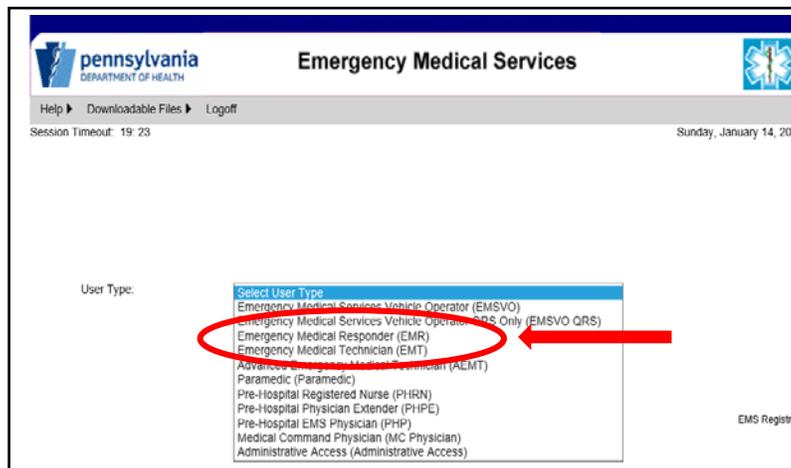
1. Using Internet Explorer, access the site: <https://ems.health.state.pa.us/emsportal/>
2. On the left hand side, click on “New Provider Application”.



3. If you are UNDER 18 YEARS OLD– before beginning this application, you will need to download, print and have your parent/guardian sign the Parental Consent Form. You are required to upload this form as part of the application.



4. In the “User Type” drop down box, select the appropriate level of certification you are requesting – either EMR or EMT.



5. Read the Functional Position Description for the level of certification you are requesting. You will need to scroll within that box all the way to the bottom to click on “I have read and understand the Functional Position Description (FPD).”

User Type:

[Print Job Description](#)

FUNCTIONAL POSITION DESCRIPTION FOR THE EMERGENCY MEDICAL TECHNICIAN

INTRODUCTION
The following is a position description for the Emergency Medical Technician (EMT). This document identifies the minimum qualifications, expectations, competencies and tasks expected of the EMT.

QUALIFICATIONS FOR CERTIFICATION
To qualify for state certification, the applicant shall at a minimum:

1. Meet minimum state entry requirements and completion of all required documentation.
2. Meet requirements, such as attendance, grades, and all clinical and field patient contacts.
3. Successfully complete all certification examinations.
4. Have a valid verification of skill form signed.

COMPETENCIES
The EMT must demonstrate competency in handling emergencies utilizing basic life support equipment in accordance with the objectives in National Highway Traffic Safety Administration EMS Education Standards for EMT and other objectives identified by the Department, to include having the ability to:

- Verbally communicate in person, via telephone, telecommunications and other electronic devices using the English language.
- Hear and interpret spoken information from co-workers, patients, physicians and dispatchers and sounds common to the emergency scene.
- Lift, carry and balance a minimum of 125 pounds equally distributed (250 pounds with assistance), a height of 33 inches, a distance of 10 feet.
- Read and comprehend written materials under stressful conditions.
- Verbally interview patient, family members, bystanders and hears and interprets their responses.
- Document physically in writing all relevant information in prescribed format.
- Demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care.

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

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

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

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

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

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

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

[Continue to EMS Application](#)

7. You will be directed to the Applicant Data – General Information Tab. Complete all fields in the General Information Tab.

Applicant Data

General Information | EMS Application | Education | Release and Consent

Applicant Data

Name: First Name Last Name MI

Address: Street Address 1 Street Address 2

City: Pennsylvania ZIP: ZIP+4:

County of Residence:

Phone Numbers: Primary Phone Secondary Phone

Email Address:

Date Of Birth:

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

Social Security Number:

Gender:

Race:

Education:

Criminal History/Disciplinary Actions

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

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

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

Additional Information

Yes No Do You want to apply for Certification by Endorsement?

Yes No Accommodations are needed for EMS Provider Certification Examination.

8. Social Security # - If you have a Social Security number, but choose not to provide it, check the appropriate box and enter either your ID number (PA driver's license or PA Photo ID) or VISA number. Another tab titled, "Disclosures" will populate and you will be asked to authorize the PA Department of Health to obtain your Social Security number from the PA Department of Transportation. Your application will not be processed for certification until the PA Department of Health receives your Social Security number. This may possibly delay the issuance of your EMS Certification.

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

ID Number:

Visa Number:

Applicant Data

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

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

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

ID Number:

Visa Number:

I don't have a Social Security Number

Applicant Data

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

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

Criminal History/Disciplinary Actions

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

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

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

Applicant Data **Criminal History**

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

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

Criminal History/Disciplinary Actions

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

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

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

Applicant Data Criminal History

General Information EMS Application Education **Disciplinary Actions** Release and Consent

12. In the Additional Information section, check “No” for the Certification by Endorsement question. Read the question about Accommodations. If you need an accommodation for the EMS Psychomotor Examination only, check “Yes”. Another Tab titled, “Accommodations” will populate. You will be required to complete this section and upload supporting documents.

Additional Information

Yes No Do You want to apply for Certification by Endorsement?

Yes No Accommodations are needed for EMS Provider Certification Examination.

Applicant Data **Accommodations**

General Information EMS Application Education Release and Consent

13. Click on the “EMS Application” Tab and complete the information only if it pertains to you; otherwise, you can leave it blank.

Applicant Data Accommodations

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

14. Click on the “Education” Tab. In this section, you will request enrollment in either an EMR or EMT certification class. You can search by either entering the Educational Institute Name or Class Number. After you enter your search criteria, click Search. If you are not able to find the class, contact the Educational Institute sponsoring the class for additional information.

[Applicant Data](#)
[Accommodations](#)
[General Information](#)
[EMS Application](#)
[Education](#)
[Release and Consent](#)

Current Certification Class:

Search to find certification courses being offered. You may use this feature to request enrollment in the course. Your information will be shared with the Educational Institute. Enrollment will need to be completed by contacting the Educational Institute.

Ed Institute Name:
 Class Number:
 Course Name:
 CertLevel:
 Class Address:
 Class Phone:

Current Certification Class Search:

No classes found.

Ed Institute Name:
 Class Number:

15. Choose

the class you wish to seek enrollment and click "Request Enrollment."

Current Certification Class Search:

| Class Number | Course Name | Class City | Start Date | End Date | Education Institute Name | |
|--------------|-------------|------------|------------|------------|--------------------------|------------------------------------|
| 1 | EMT | Ivyland | 01/16/2018 | 01/16/2018 | | Request Enrollment |

16. The class information will populate into the Current Certification Class section. Please be sure this is the class you wish to seek enrollment. The listed Educational Institute will be notified of your request to enroll and you will be responsible for any additional class registration requirements by that Educational Institute.

Current Certification Class:

Search to find certification courses being offered. You may use this feature to request enrollment in the course. Your information will be shared with the Educational Institute. Enrollment will need to be completed by contacting the Educational Institute.

Ed Institute Name:
 Class Number:
 Course Name: EMT
 CertLevel: Emergency Medical Technician
 Class Address:
 Class Phone:

17. Prior Ems Educational Institutes Attended: If you have previously attended an EMS Educational Institute, you have the option to complete this section. This would only be for previous EMR, EMT, AEMT or PM classes you were enrolled in.

Prior EMS Educational Institutes attended:

List any prior Educational Institutes that you have attended (optional)

Name:

Address:

Address 1 Address 2

City

Select A State Zip

Dates Attended:

Add Clear Selected Institute

Prior EMS Educational Institute Search:

Name:

Number:

County:

Select County

Search Cancel

18. Click on the Release and Consent Tab.

Applicant Data

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

Student Release and Consent

19. Read the Training Records statement. If you would like your information released to anyone else, please list their name in the appropriate box (4). Check the agreement/acknowledgement box for this statement.

Student Release and Consent

Click [here](#) to print a copy of this tab.

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) Optional - Enter Individual's name here

Please list any other individual you consent to being provided information above.

20. Read the Acknowledgement Statement. Check the agreement/acknowledgement box. If you are OVER 18 years of age, Click Submit.

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

Submit

21. If you are UNDER 18 years of age – you are required to upload the signed Parental Consent Form and Assumption of Risk Agreement Form.

The screenshot displays a web application interface with two distinct sections for document uploads. The top section is titled "Parental Consent Form and Parental Consent for Examination" and contains the text "Upload the signed parental consent form". Below this is a text input field, a "Browse..." button, and an "Add" button. A blue instruction line reads: "After browsing for your file, you must click add in order for the file to be attached to your record." The bottom section is titled "Assumption of Risk" and contains the text "Upload the signed Assumption of Risk form". It also features a text input field, a "Browse..." button, and an "Add" button, with the same blue instruction line: "After browsing for your file, you must click add in order for the file to be attached to your record."

22. If you have not completed required fields, a box will appear at the top of the application page indicating what fields you need to complete. Complete those fields, click on the Release and Consent Tab again and click Submit.
23. A message box will pop-up asking if you are sure you want to submit your application. Click yes. You will receive an email indicating your application has been submitted and is being reviewed.
24. When your application is processed, you will receive an email indicating the status of your application and provide further instructions.

01/19/2018