

**SECTION A – PERSONAL INFORMATION**

Last Name		First Name		Middle Initial	Suffix (Jr, Sr, II, III)
Mailing Address			City	State	Zip Code
Home \ Primary Telephone Number		Work \ Alternate Telephone Number		Email Address	
Date of Birth:	Gender:	Country:		Race:	
Education Level: <input type="checkbox"/> Less Than High School <input type="checkbox"/> High School <input type="checkbox"/> Post High School <input type="checkbox"/> College Grad					
SSN		County of Residence:		Pa Regional EMS Council or County of Application:	

**SECTION B – CERTIFICATION**

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

<input type="checkbox"/>	Emergency Medical Responder (EMR)	<input type="checkbox"/>	Pre-Hospital Physician Extender (PHPE)
<input type="checkbox"/>	Emergency Medical Technician (EMT)	<input type="checkbox"/>	Medical Command Facility Medical Director
<input type="checkbox"/>	Advanced Emergency Medical Technician (AEMT)	<input type="checkbox"/>	Medical Command Physician
<input type="checkbox"/>	Paramedic (P)	<input type="checkbox"/>	EMS Agency Medical Director
<input type="checkbox"/>	Pre-Hospital Registered Nurse (PHRN)	<input type="checkbox"/>	Regional EMS Medical Director
<input type="checkbox"/>	Pre-Hospital EMS Physician (PHP)	<input type="checkbox"/>	Other: Print Below

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

**HAVE YOU HELD OR CURRENTLY HOLD EMS CERTIFICATION IN PENNSYLVANIA, UNITED STATES MILITARY OR OTHER STATES?**

YES     NO

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

**INITIAL & CURRENT CERTIFICATION OBTAINED THRU MILITARY:**

Air Force     Army     Coast Guard     Marines     Navy

**SECTION C – CRIMINAL HISTORY / CONVICTIONS**

*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 will result in the Department taking action to suspend or revoke your certification as an EMS Provider.*

*All applicants for EMS Certification by Endorsement are required to submit proof of EMS employment, or employment offering in Pennsylvania, criminal history documentation and a driving history record from current state of certification. Your application for certification by endorsement in Pennsylvania will not be evaluated and processed without the required information.*

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

*You are encouraged to provide letters from probation/parole officers, past/present employer(s), clergy, doctors, warden, law enforcement officials, public officials, etc., evidence of rehabilitation, and/or records of good conduct or community service*

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

YES

NO – Skip Section C

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

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

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

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

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Provide any alias / maiden names

List offenses annotated with a Yes above;

Offense	Date of Conviction	County of Conviction	State

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

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

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

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

Are you or were you on probation/parole?  YES  NO Date of Completion/ Projected Completion:

Probation/Parole Officer Name: Probation/Parole Officer Telephone Number:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

City of probation/parole?	County of probation/parole?	State of probation/parole?
Was court ordered counseling classes/evaluation part of your probation/parole?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If you have answered <b>YES</b> to the question above provide the type of court ordered sessions		
Are you going to counseling voluntarily?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If you have answered <b>YES</b> to the question above provide the type of voluntary sessions		
Name of Counselor:	Telephone Number of Counselor:	

**SECTION D – DISCIPLINARY ACTION DISCLOSURE**

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

YES  NO

If yes, provide circumstances of the disciplinary action

**SECTION E – SOCIAL SECURITY NUMBER DISCLOSURE**

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

Pursuant to section 4304.1(a)(2) of the Domestic Relations Code, 23 Pa.C.S. § 4304.1(a)(2), government agencies are required to collect the Social Security Number of an individual who has one on any application for a professional or occupational license or certification. Any information collected pursuant to this section shall be confidential except as permitted by law. The information collected may be used in obtaining a criminal history record check of you and it may be provided to, and used by, the Department of 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.**

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

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

Name (as it appears on Driver’s License / ID Card)	Number
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Address (as it appears on card)

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

**NOTICE:** Section 4904 of the PA Crimes Code provides that:

- (a) A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his official function, he:
  - (1) Makes any written false statement which he does not believe to be true; or
  - (2) Submits or invites reliance on any writing which he knows to be forged, or otherwise lacking in authenticity.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

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

**WAIVER OF SOCIAL SECURITY NUMBER  
VERIFICATION STATEMENT**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**SECTION F – WAIVER AND SIGNATURE**

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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

Applicant Legal Name

Last four digits of SSN

**PA EMPLOYER IDENTIFICATION**

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

Name

Mailing Address

City

State

Zip Code

Telephone Number

County

**PA EMS AGENCY / EDUCATIONAL INSTITUTE VERIFICATION**

To be completed by principal official of requesting EMS Agency

Name

PA Affiliate Number

Mailing Address

City

State

Zip Code

Telephone Number

County

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

Printed Name Principal Official:

Principal Official Title:

Date

Principal Official Signature:

Day Telephone

Email address



**SECTION 1 – To Be Completed By Applicant**

Last Name		First Name		Middle Initial		Suffix (Jr, Sr, II, III)	
Mailing Address			City			State	Zip Code
SSN		Date of Birth:	Pa Regional EMS Council or County of Application:				

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

State		State License/Certification Agency		License/Certification Number		
License/Certification Level		Issue Date		Expiration Date		
					Yes	No
Is license/certification based on National EMS Education Standards or the National Standard Curriculum?						
Is this license/certification based on an endorsement or reciprocity from another State? If yes, identify the state if known below?						
Is the license/certification active and considered valid in your State? If No, please describe why below						
Does your state review Criminal History checks?						
Has your state ever taken disciplinary action against this applicant? If Yes, please describe why below						
To the best of your knowledge, was the applicant ever convicted of a felony or misdemeanor?						
Printed Name State EMS Official:			State EMS Official Title:		Date	
Signature:			Day Telephone	Email address		

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

- 1. Section 1 – To Be Completed by Applicant. Incomplete forms or endorsement packets will not be processed.
- 2. Deliver or mail to the license /certifying State you are requesting endorsement from, not to the PA Department of Health.
- 3. The applicant is responsible for any and all fees incurred in the verification of EMS Practitioner Status for Endorsement process.

**Endorsing State EMS Agency:**

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

**Pennsylvania Department of Health  
Bureau of Emergency Medical Services  
Room 606 Health & Human Services Building  
625 Forster St  
Harrisburg, PA 17120-0701**