



**EMERGENCY HEALTH
SERVICES FEDERATION**
YOUR COMMUNITY. OUR COMMITMENT

Pennsylvania Certification by Endorsement

Thank you for your interest in obtaining Pennsylvania EMS Certification through the Certification by Endorsement process. This is the process whereby a person certified by a state other than Pennsylvania or NREMT can apply to obtain Pennsylvania EMS certification.

Electronic Application

To obtain PA EMS certification you must complete a provider certification application through the electronic system in the PA EMS Registry. However, before you complete the application, you must have ALL required documents available to upload into the electronic application. Incomplete applications cannot be processed. The electronic application must be completed within one sitting. You cannot complete a portion of the application to save for completion at a later time.

Instructions for the electronic application are enclosed. Once the application is received by the regional council, the EHSF staff will review the application within 14 business days. If additional information is needed, then the EHSF staff will return the application to you. If the application is complete, then the EHSF will complete the identity verification and route the application to the PA DOH Bureau of EMS to process pending the receipt of the EMS Certification Verification form(s).

Required Documents to Upload in your Electronic Application:

1. Current Pennsylvania Approved CPR for the Healthcare Provider
2. Government Issued Photo Identification
3. State and/or National Registry Certification Card(s)
4. Criminal Background Check for your State of Residence if other than Pennsylvania
5. Criminal Background Check for the State(s) with Current EMS Certification
6. FBI Fingerprint Background Check

Instructions for each required uploaded document are enclosed.

EMS Out-of-State Provider Verification Form

If you hold certification in another state, you will be required to complete the EMS Out-of-State Provider Verification Form. However, you will NOT upload the form into your electronic application. You will complete the top section (section 1) of the EMS Out-of-State Provider Verification Form and then send the form to your state(s) with EMS certification. The respective state EMS office(s) will submit the completed form to the PA DOH Bureau of EMS. The form is included within this document.

If you only hold National Registry Certification, do not complete this form.

Identity Verification

After the regional council reviews and determined your application is complete but before it is forwarded to the PA DOH Bureau of EMS for approval, the EHSF will need to complete the identity verification. The EHSF will contact you to schedule a time to either meet in person or use technology (i.e. Facetime, Zoom, Go-To-Meeting). During this process, you will appear holding your government issued photo ID to verify the identity on the application.

Application Approval

Once the provider's identification is verified, the EHSF will route the application to the PA DOH Bureau of EMS for approval. The approval process may take up to 14 business days.

Once the PA DOH Bureau of EMS approves your PA EMS certification, you will receive an automatic e-mail. Additionally, the EHSF will mail your certification materials, which contains a welcome packet with information, certification letter, certification certificate, certification wallet card, and uniform patch.

EMSVO Add-On

To be permitted to drive an EMS vehicle in Pennsylvania, you must also hold the EMSVO certification. If you wish to obtain EMSVO certification, you will need to complete the certification by endorsement process and receive your PA EMS certification first. Once your PA EMS certification is approved and active, you will be able to submit an add-on application for EMSVO. Instructions to complete this step will be included in the welcome packet mailed with your certification materials.

If you should have any questions, please contact the EHSF office at 717-774-7911, ext. 557.

Sincerely,

EHS Federation Staff

Instructions/Information for Required Documents to Upload in your Electronic Application

Current Pennsylvania Approved CPR for the Healthcare Provider

- CPR must be from a PA DOH approved program. The approved list is below:

Basic Life Support Cardiopulmonary Resuscitation Programs Updated 05/2018

| Recognized Programs Providing PA EMS Act Protection for All Valid Pennsylvania EMS Provider Certification Levels |
|--|
| American Academy of Orthopedic Surgeons – Emergency Care & Safety Institute <i>Health-Care Provider CPR (Professional)</i> |
| American Heart Association – <i>BLS Provider</i> |
| American Heart Association – <i>BLS Healthcare Provider</i> |
| American Red Cross – <i>Basic Life Support for Healthcare Providers</i> |
| American Red Cross – <i>CPR/AED for the Healthcare Provider</i> |
| American Red Cross – <i>CPR/AED for the Professional Rescuer</i> |
| American Red Cross – <i>CPR/AED for the Professional Rescuer and Healthcare Provider</i> |
| American Safety & Health Institute – <i>Basic Life Support – BLS for Healthcare Providers and Professional Rescuers</i> |
| EMS Safety Services, Inc. – <i>BLS for Healthcare Providers</i> |
| Geisinger CPR Program |
| Military Training Network Resuscitative Medicine and Trauma Program – <i>BLS for Healthcare Providers</i> |
| National Safety Council – <i>Basic Life Support for Health Care & Professional Rescuers</i> |
| Pro CPR LLC – <i>Pro-CPR Healthcare Provider CPR</i> |

(Valid Instructor cards representing any of the recognized programs above are acceptable)

Criminal Background Check for your State of Residence if other than Pennsylvania

- If you reside in Pennsylvania with proof identified on your government issued photo ID, then you do not need to complete the Pennsylvania state background check.
- If you reside outside of Pennsylvania, then you need to complete a state certified criminal background check from your state of residence.

Criminal Background Check for the State(s) with Current EMS Certification

- A state certified criminal background check must be completed from the state whose certification you are using to request certification by endorsement.

FBI Fingerprint Background Check

- <https://www.identogo.com/services/live-scan-fingerprinting>
- The Identogo code is **1KG756** – Employee >= 14 years contact with children
- You will complete an online registration through Identogo. You will receive an email or confirmation number when registration is complete. You will schedule an appointment for fingerprinting. You will receive the FBI Background check in the mail to upload into your electronic application.
 - o Do NOT upload a copy of your fingerprints. You must upload the background report.

Provider Certification Application Certification by Endorsement

These instructions are for EMS providers certified in another state or through NREMT seeking first-time EMS certification in Pennsylvania.

When submitting an application through the electronic system, all information must be entered and submitted in one sitting. The application cannot be saved to complete at a later time. The prospective provider will be required to upload copies of the following documents:

1. Current Pennsylvania Approved CPR for the Healthcare Provider
2. Government Issued Photo Identification
3. State and/or National Registry Certification Card(s)
4. Criminal Background Check for your State of Residence if other than Pennsylvania
5. Criminal Background Check for the State(s) with Current EMS Certification
6. FBI Fingerprint Background Check

Completing the Electronic Provider Certification Application in the PA EMS Registry:

1. Go to the PA EMS Registry: <https://ems.health.state.pa.us/Registry>
2. Click on “New Provider Application” (top, left of the webpage)
3. Answer the question pertaining to past EMS certification in Pennsylvania
4. For user type, select level of certification seeking (i.e. EMT)
5. Read the functional position description
 - a. Scroll to the bottom to check the box stating it was read and understood
6. Scroll to the bottom of the page and click “Continue to EMS Application”
7. Complete the information in application:
 - a. Applicant Data Tab
 - i. Enter demographic information in the Applicant Data Section
 1. Use legal name according to government issued photo identification
 - a. i.e. use Jonathan, not Jon
 2. If the prospective provider lives out-of-state, the county of residence will default to out-of-state. However, the prospective provider will have to select the regional council
 - a. Select “EHS Federation, Inc.”
 3. **If the prospective provider chooses to provide a driver’s license or VISA number in lieu of a social security number, the application will go to the Bureau of EMS. The Bureau of EMS will forward the application to PennDOT to obtain the prospective provider’s social security number. While the prospective provider has every right to choose this option, the processing of the certification will be delayed.**
 - ii. Criminal History/Disciplinary Actions Section
 1. Answer questions as appropriate
 - a. If answering yes to either question, additional tabs will appear to complete supporting documentation
 - i. The Bureau of EMS will contact the prospective provider to supply certified court documents for certification eligibility
 - iii. Additional Information Section
 1. Check “Yes” for certification by endorsement
 - a. The “Certification by Endorsement” tab will appear

- b. EMS Application/CPR Tab
 - i. Enter CPR certification information as listed on the CPR certification card
 - 1. Issue date, expiration date, course, training center name, and instructor name
 - 2. **Upload you CPR card**
 - a. To upload a document, select your file. Once the file path turns green, click "Add". The document will display in a table.
- c. Certification by Endorsement Tab
 - i. Certification Card Section
 - 1. **Upload the following documents:**
 - a. **Government issued photo identification**
 - b. **State and/or National Registry Certification Card(s)**
 - i. To upload a document, select your file. Once the file path turns green, click "Add". The document will display in a table.
 - 2. Certification by Endorsement Section
 - a. Select your state with current EMS certification, if applicable
 - b. Enter certification number of state certification, if applicable
 - c. Enter expiration date of state certification or NREMT Certification
 - d. Enter certification number of NREMT certification, if applicable
 - 3. State Certified Criminal History AND FBI Background Check Section
 - a. **Upload criminal background check from state of current residence (if outside of Pennsylvania)**
 - b. **Upload criminal background check from state(s) of current EMS certification(s)**
 - i. To upload a document, select your file. Once the file path turns green, click "Add". The document will display in a table.
 - 4. National Registry Certification Obtained through US Military Section
 - a. Check box, if applicable
- d. Release and Consent Tab
 - i. Click on "Applicant Data" tab and then click on "Release and Consent" tab
 - 1. Read the release and consent
 - 2. Check the box to confirm understanding of the release and consent
 - 3. Click "Submit"
 - a. The regional office will review the application within 14 business days. A completed application will be routed to the Pennsylvania Department of Health Bureau of EMS for processing pending the receipt of the EMS Certification Verification form(s).
 - b. If the application is incomplete, the regional office will return the application for additional information.

(Please print legibly)

SECTION 1 – To Be Completed By Applicant

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

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

| | | |
|-----------------------------|------------------------------------|------------------------------|
| State | State License/Certification Agency | License/Certification Number |
| License/Certification Level | Issue Date | Expiration Date |

| | Yes | No |
|---|--------------------------|--------------------------|
| Is license/certification based on National EMS Education Standards or the National Standard Curriculum? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is this license/certification based on an endorsement or reciprocity from another State? If yes, identify the state if known below? | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|--------------------------|--------------------------|
| Is the license/certification active and considered valid in your State? If No, please describe why below. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

| | | |
|---|--------------------------|--------------------------|
| Does your state review Criminal History checks? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

| | | |
|--|--------------------------|--------------------------|
| Has your state ever taken disciplinary action against this applicant? If Yes, please describe why below. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

| | | |
|---|--------------------------|--------------------------|
| To the best of your knowledge, was the applicant ever convicted of a felony or misdemeanor? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

| | | |
|---------------------------------|--------------------------|------|
| Printed Name State EMS Official | State EMS Official Title | Date |
|---------------------------------|--------------------------|------|

| | | |
|-----------|-------|---------------|
| Signature | Phone | Email address |
|-----------|-------|---------------|

Last Name _____ First Name _____

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

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

Endorsing State EMS Agency

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

**Pennsylvania Department of Health
Bureau of Emergency Medical Services
1310 Elmerton Ave
Harrisburg, PA 17110**