



BUREAU OF EMERGENCY MEDICAL SERVICES

## **EMS Information Bulletin 2012-004**

**DATE:** March 2, 2012

**SUBJECT:** Pennsylvania/New Jersey EMS Continuing Education Document

**TO:** PA EMS Providers

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

In an attempt to further assist Pennsylvania Department of Health Certified EMS Providers with the availability and credit of EMS Continuing Education Programs, a joint agreement has been reached with the New Jersey Department of Health & Senior Services, Office of Emergency Medical Services retroactive to January 1, 2012.

As part of the aforementioned agreement, any Pennsylvania or New Jersey EMS Provider attending and successfully completing any approved EMS continuing education course offered by or in the State of New Jersey or Pennsylvania, will be able to obtain credit by securing an Emergency Medical Technician Continuing Education Document available through either the Pennsylvania Department of Health Bureau of EMS Website at:

[www.health.state.pa.us](http://www.health.state.pa.us)

- Health Services and Resources
- Emergency Medical Services
- EMS In PA
- EMS Education Information
- Pennsylvania-New Jersey Con-Ed Recognition Form

Or at the New Jersey Department of Health & Senior Services, Office of Emergency Medical Services, Website at:

[www.nj.gov/health/ems](http://www.nj.gov/health/ems)

- Select the tab labeled Applications/Forms
- PA/NJ EMT Continuing Education Form
- Form # EMS-28 NJ/PA EMT Continuing Education Documentation

Upon completion of the continuing education program and the form, including the Coordinator/Instructor Signature, the document shall then be submitted by the EMS Provider to the Pennsylvania Regional EMS Council of residence or the New Jersey Office of Emergency Medical Services for addition to the EMS Provider's Continuing Education Record. Upon receipt of the document, the Pennsylvania Regional EMS Council Office Staff will verify the information provided with the New Jersey Office of Emergency Medical Services and will add the appropriate credits to the Pennsylvania EMS Provider's Continuing Education Record.

Please do not hesitate to contact MaryAnn Dellinger, EMS Program Specialist in the event of any questions, at [madellinge@pa.gov](mailto:madellinge@pa.gov) , or via 717-787-8740.



## EMERGENCY MEDICAL TECHNICIAN CONTINUING EDUCATION DOCUMENTATION



Issued to (Last, First Name)		Certification or Provider No.	Date of Birth * ____ / ____ / ____
Course Title			Course Number
Date Conducted			Total Elective Credits **
Session Location			Credits *: ____ *Trauma/Medical: ____ *Other: ____
State	County *	Region *	Certification Level *
Name of Coordinator/Instructor (Print)		Signature of Coordinator/Instructor	Date

\* Fields marked with an "\*\*" are required for PA providers.

\*\* Fields marked with an "\*\*\*" are required for NJ providers.

**All other fields are mandatory for both states.**

Pennsylvania providers must submit a copy of this document directly to their Regional EMS Council for addition to their continuing education records.

New Jersey providers must retain this document as part of their personal recertification records.