



BUREAU OF EMERGENCY MEDICAL SERVICES

## **EMS Information Bulletin 2011-008**

**DATE:** August 17, 2011

**SUBJECT:** Verification of EMS Practitioner Status for Endorsement

**TO:** EMS Agencies  
EMS Providers

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

Effective immediately, the *Verification of EMS Practitioner Status for Endorsement* must be utilized for those currently certified individual EMS Providers residing out-of-state who will be working in Pennsylvania, and therefore desire Pennsylvania EMS Certification. The endorsement form would also be required use for those currently out-of-state certified individual EMS Providers residing within the Commonwealth of Pennsylvania due to relocation, who desire Pennsylvania EMS Certification. The Endorsement document must be part of the Endorsement/Reciprocity Packet that is mailed to each individual certified EMS Provider.

Section 1 – To be Completed By Applicant.

Section 2 – To be Completed By Agency Verifying License/Certification.

Instructions for completion and return by individuals and agencies are provided on the rear of the document for convenience.

All documents must be completed and returned as a complete packet for process consideration.

Please do not hesitate to contact John Englert at [jenglert@pa.gov](mailto:jenglert@pa.gov) in the event of any questions.

See Instructions on Back of Form

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

<b>Legal Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Mailing Address</b>			<b>City</b>		<b>State</b>
<b>Home Telephone Number</b>		<b>Work Telephone Number</b>		<b>Alternate Telephone Number</b>	
<b>Date of Birth</b>	<b>Social Security #</b>	<b>Certification Number</b>	<b>State</b>	<b>Expiration Date</b>	

Have you ever been convicted\* of a crime other than a summary or similar offense?  **Yes**  **No**  
 \*A "conviction" includes a judgment of guilt, a plea of guilty, or a plea of nolo contendere.

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

**NOTICE** -- Section 4904 of the 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.  
 (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.

**ACKNOWLEDGEMENT AND WAIVER** -- 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. I authorize your agency to release the requested information to the Pennsylvania Department of Health or its regional EMS councils.

\_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 2 – To Be Completed By Agency Verifying License/Certification**

This applicant is/was certified/licensed/registered in your state as:

Level	Issue Date	Expiration Date	License/Certification Number
First Responder			
EMT – Basic			
EMT – Intermediate			
EMT – Paramedic			
Other:			

	<b>Yes</b>	<b>No</b>
Is certification based upon written and practical exams in your state?		
Is this certification based upon endorsement/reciprocity from another state?		
Is the above certification approved and considered valid in your state?		
<b>If no</b> , indicate why:		
Does the applicant have a criminal history in your state or has the applicant disclosed a criminal history?		
<b>If yes</b> , indicate why:		
Has your state ever taken disciplinary action against this individual's EMS certification/license?		
<b>If yes</b> , indicate why:		
Verifying Person's Signature:	Title:	Date:
State Office:		Telephone:

## **Instructions for completing the *Verification of EMS Practitioner Status for Endorsement***

### **Applicant:**

- 1. Complete “Section 1 – To Be Completed by Applicant.” Incomplete forms or endorsement packets will not be considered.
- 2. Read the “Notice” and the “Acknowledgement and Waiver.” Print your name, and sign and date the “Acknowledgement and Waiver.”
- 3. Deliver or mail the completed original to the State you are requesting endorsement from, not to the PA Department of Health.
- 4. Return the completed original documents in the packet to the PA Regional EMS Council where you reside in Pennsylvania or if you are living in another state, to the PA Regional EMS Council in the county where you will be working as an EMS provider. The addresses for the PA Regional EMS Councils are listed on an attached document.
- 5. The applicant is responsible for any and all fees incurred in the verification of EMS Practitioner Status for Endorsement process.
- 6. Upon receiving the completed original form from the endorsing EMS Agency, return the entire completed packet to the Regional EMS Council where the applicant is seeking employment (Not the PA Department of Health).

### **Endorsing State EMS Agency:**

- 1. Complete “Section 2 – To Be Completed By Agency Verifying License/Certification”
- 2. Please complete all requested information including signature and agency information.
- 3. Return the completed original form to the individual listed in Section 1, not the PA Department of Health.

### **PA Regional EMS Council:**

- 1. Collect completed original:
  - a. Application for Certification by Endorsement.
  - b. Student Application
  - c. Verification of EMS Practitioner Status for Endorsement
  - d. Criminal History Reporting Form
- 2. Scan student application into the EMS Registry.
- 3. Review and determine if the applicant should receive PA certification.
- 4. If the applicant indicates a positive criminal history, forward a copy of all the information collected to the Bureau of EMS.