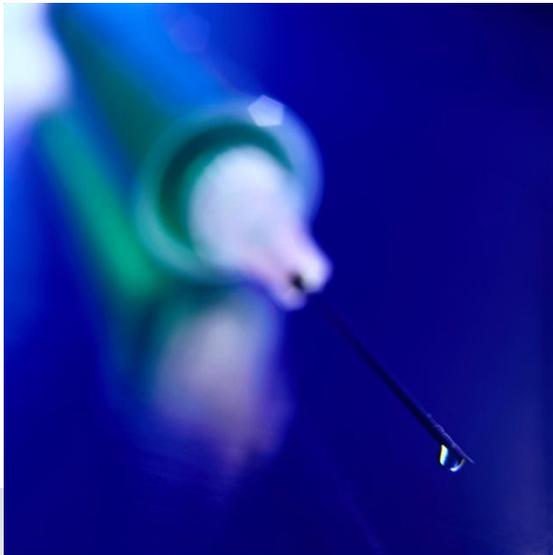




pennsylvania
DEPARTMENT OF HEALTH

2014

PA EMS EDUCATION STANDARD OPERATING PROCEDURES



Bureau of Emergency Medical Services

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June 2014

Dear EMS Candidates and Certified EMS Personnel of All Levels,

Welcome to your Pennsylvania Emergency Medical Services Education Standard Operating Procedures!

The Standard Operating Procedures (SOP) are the result of the collaborative and cooperative efforts of the Pennsylvania Regional EMS Education Coordinators and the Pennsylvania Department of Health Bureau of Emergency Medical Services, and stem from the adoption of the *Emergency Medical Services Education Agenda for the Future: A Systems Approach*, in addition to the Pennsylvania Emergency Medical Services System Act of August 18, 2009, P.L. 308, No. 37 and its accompanying Regulations, Title 28-Health and Safety, Emergency Medical Services System and related documents.

Designed for use by individuals interested in EMS within the Commonwealth of Pennsylvania, from candidates pursuing initial basic level information, certified providers of EMS thru all levels including Prehospital EMS Physicians and EMS Instructors, along with accredited EMS Educational Institutes and Continuing Education Sponsors, Instructor-Trainers, and licensed EMS Agencies, all related enquiries should begin by contacting your Pennsylvania Regional EMS Council Office or the one that is closest to you for those out-of-state. Your EMS Education begins at your regional EMS council.

While the advent of new research, information, technology, and general knowledge has required us to change our thinking and approach to the provision of quality EMS education, we recognize the integral part that each of you play in the education, certification and accreditation process within your EMS system.

Finally, your continued support in the Emergency Medical Services System is critical to assure competent providers for the protection of residents and visitors to the Commonwealth of Pennsylvania well into the future.

Thank you for your valuable time and dedication. Be Safe!

Sincerely,

A handwritten signature in black ink, appearing to read "Richard L. Gibbons", is written over a light gray rectangular background.

Richard L. Gibbons, Director

TABLE OF CONTENTS

| | |
|--|-------------------------------------|
| EMS VEHICLE OPERATOR (EMSVO) CREDENTIALING..... | 5 |
| TRANSITION FROM AMBULANCE ATTENDANT (AA) TO EMERGENCY MEDICAL RESPONDER (EMR) | 8 |
| EMS BLS PROVIDER CERTIFICATION PROCESS..... | 11 |
| EMS BLS PROVIDER PSYCHOMOTOR EXAM..... | 13 |
| PHRN CERTIFICATION PROCESS..... | 16 |
| PRE-HOSPITAL PHYSICIAN EXTENDER (PHPE) CERTIFICATION PROCESS..... | 20 |
| PRE HOSPITAL PHYSICIAN (PHP) CERTIFICATION PROCESS | 24 |
| EMS INSTRUCTOR CREDENTIALING | 30 |
| COGNITIVE EXAM PROCESS..... | 32 |
| CREDIT FOR CONTINUING EDUCATION..... | 35 |
| EMS EDUCATIONAL INSTITUTE ACCREDITATION PROCESS | 36 |
| EMS EDUCATIONAL INSTITUTE OPERATION REQUIREMENTS | 38 |
| ENDORSEMENT OF COURSE OR EXAMINATION..... | 43 |
| INITIAL & CONTINUING EDUCATION REQUIREMENTS..... | 45 |
| LAPSE OF EMS REGISTRATION FOR ALL EMS PROVIDER LEVELS..... | 47 |
| RECIPROCITY | 48 |
| APPENDIX | 51 |
| PENNSYLVANIA REGIONAL EMERGENCY MEDICAL SERVICES COUNCILS | ERROR! BOOKMARK NOT DEFINED. |
| BUCKS COUNTY EMERGENCY HEALTH SERVICES | ERROR! BOOKMARK NOT DEFINED. |
| CHESTER COUNTY EMS COUNCIL | ERROR! BOOKMARK NOT DEFINED. |
| DELAWARE COUNTY EHS COUNCIL, INC..... | ERROR! BOOKMARK NOT DEFINED. |
| EASTERN PA EMS COUNCIL, INC..... | ERROR! BOOKMARK NOT DEFINED. |

| | |
|--|---------------------------------|
| EHS FEDERATION, INC. | ERROR! BOOKMARK NOT DEFINED. |
| EMERGENCY MEDICAL SERVICE INSTITUTE | ERROR! BOOKMARK NOT DEFINED. |
| EMMCO EAST, INC. | ERROR! BOOKMARK NOT DEFINED. |
| EMMCO WEST, INC. | ERROR! BOOKMARK NOT DEFINED. |
| EMERGENCY MEDICAL SERVICES OF NORTHEASTERN PA, INC. | ERROR! BOOKMARK NOT DEFINED. |
| LTS EMS COUNCIL | ERROR! BOOKMARK NOT DEFINED. |
| MONTGOMERY COUNTY EMERGENCY | ERROR! BOOKMARK NOT DEFINED. |
| PHILADELPHIA EMS COUNCIL | ERROR! BOOKMARK NOT DEFINED. |
| SEVEN MOUNTAINS EMS COUNCIL, INC. | ERROR! BOOKMARK NOT DEFINED. |
| SOUTHERN ALLEGHENIES EMS COUNCIL, INC. | ERROR! BOOKMARK NOT DEFINED. |
| SUSQUEHANNA EHS COUNCIL, INC. | ERROR! BOOKMARK NOT DEFINED. |
| STUDENT APPLICATION INSTRUCTIONS | 55 |
| NATIONAL REGISTRY SUBMISSIONS QUEUE | 57 |
| REGIONAL EMS OFFICE STUDENT APPLICATION PROCESSING | 62 |
| EMS PROVIDER CERTIFICATION APPLICATION | 66 |
| FAQS FOR EMS PROVIDER CERTIFICATION APPLICATION | 73 |
| CERTIFICATION RETEST MATRIX | 74 |
| PA RECOGNIZED UPDATES & TRANSITIONS | 75 |
| SUPPLIES AND EQUIPMENT INSPECTION FORM | 78 |
| COGNITIVE EXAMINATION SELECTION | ERROR! BOOKMARK NOT DEFINED. |

EMS VEHICLE OPERATOR (EMSVO) CREDENTIALING

Provider requirements:

- Documented proof of completion of a Pennsylvania Department of Health approved Emergency Vehicle Operator Course (EVOC) (Refer to EMSVO matrix in appendix)
 - Copy of original course completion certificate OR
 - Recorded on Provider Continuing Education Record in Pennsylvania Emergency Medical Services Registry System (EMSRS) OR
 - EMS Education Institute Course Roster OR
 - Approved EMS Agency Licensing Application Personnel Roster
- Completed EMS Provider certification application (Available from regional EMS council in a fillable pdf) (Section A and C)
- Completion of Student Application located at <https://ems.health.state.pa.us/emsportal>
- Must be 18 years of age or older
- Current driver's license
- Not be addicted to alcohol or drugs
- Free from physical or mental defects or disease that may impair the person's ability to drive a ground EMS vehicle
- Not been convicted within the last 4 years prior to the date of application of driving under the influence of drugs or alcohol
- Not been convicted within the last 2 years prior to the date of application been convicted of reckless driving or had a driver's license suspended due to use of drugs or alcohol or a moving traffic violation

Regional EMS Council Only

Upon receipt and verification of forms for an existing practitioner:

- a. Log in to the EMSRS
- b. Search candidate
- c. Click on certification number to open the record
- d. "Check" EMSVO box
- e. Click on "notes" tab
 - i. Enter the date, "verified EMSVO credentials", issue date, expiration date (Issue and Expiration dates will fall into the same quarters as EMS Practitioners) and your initials

NOTE: Issue and Expiration date IS NOT required to be documented in the notes section for EMS Providers being that the EMSVO issue and expiration date coincide with the PA EMS certification.

- f. Click "General Information" tab
 - i. Click save profile

NOTE: Practitioners with the EMSVO endorsement will not be required to have wallet cards printed until the next certification period.

- g. Print and mail:
 - i. Wallet Card

Upon receipt and verification of forms for a non-practitioner:

- a. Log in to the EMSRS
- b. Click on “Continuing Education Record/EMS Registry System (EMSRS)”
- c. Click on “Approve Student Apps”
- d. Click on the name to open the application
- e. Ensure the information is correct

NOTE: Any applicant that has a Social Security Number prefix greater than “750” MUST be processed by BEMS. Any applicant that does not have a Social Security number and has the required documentation as noted on the EMS PROVIDER CERTIFICATION APPLICATION you will enter the following for the Social Security Number 999-03(Two Digit region code)-four digit chronological tracking number.

- f. Level selected will be “Rescue”
- g. Change the Certification class number from “EMSVO” to class number 14 (2 digit year)-39-003 (Three digit Region Code)

NOTE: This code will NOT produce a certification number, card or certificate. The code will place the EMSVO into a view status.

- h. Click “Approve”
- i. Click “Practitioner Search”
- j. Enter Practitioner name
- k. Search candidate
- l. Click on “View” to open the record
- m. Change the level from RESCUE to EMSVO
- n. Click on “notes” tab
- o. Enter the date, “verified EMSVO credentials” and your initials
- p. Click “General Information” tab
- q. Click save profile

NOTE: Currently you will not be able to print certificates or wallet cards for the stand alone EMSVO. Practitioners with the EMSVO endorsement will not be required to have wallet cards printed until the next certification period.

- r. Print and mail:
 - i. Wallet Card

NOTE: A person who drove an ambulance or squad vehicle prior to April 10, 2014, and who satisfies the certification requirements, may serve as an EMSVO until **July 9, 2014**, without having to secure a certification as an EMSVO. (List of approved Courses in appendix???)

Reference: EMS Systems Act Section 1023.22

TRANSITION FROM AMBULANCE ATTENDANT (AA) TO EMERGENCY MEDICAL RESPONDER (EMR)

Note: this is a one-time transition

- Completion of Student Application located at <https://ems.health.state.pa.us/emsportal> (See Enclosure)
- Completion of EMS Provider Certification Application
- Proof of meeting ambulance attendant course requirements
- Proof of current CPR certification as defined by current EMS Information Bulletin
- Provide government issued photo ID for proof of identity
- Regional Council Use reviews and verifies all documents provided

Applicant Process:

- Log into the EMS Portal Using the User ID and Password provided by PA Regional EMS Council
 - Click on “New Student Application”
 - Complete form down to “Certification Course Code”
 - Enter AA for your certification course code
 - Click Submit

NOTE: If you receive an error message, disregard the error message. The system will send the application to the Regional Council.

- Log off the EMS Registry system

NOTE: DO NOT attempt to change the profile information for this log in.

Regional EMS Council Process:

Note: See Appendix for Codes; EMR reciprocity code will automatically give applicant a 3 year expiration date, which **MUST** be changed to match current recognized certification expiration date. Continuing Education requirements will be prorated for that certification period. The system will NOT automatically adjust the prorated continuing education hours. The regional Council staff may utilize the large conference data spread sheet to input or upload the prorated hours.

| Clinical Patient Care | Other |
|-----------------------------------|----------------------------------|
| 12 hours per certification period | 4 hours per certification period |
| 4 hours per year | 2 hours per year |
| 2 hours per 6 (six) month | 1 hour per 6 (six) month |

- If the candidate has not completed the online student application the application may be completed in the EMRS by selecting “Add New EMS Practitioner” under the “EMS Practitioner” tab

Note: See appendix for codes

- Log into EMSR
- Click on “Continuing Education Record/EMS Registry System (EMSRS)
- Click on Approve Student Apps
- Click on Practitioners name to open the application
- Change the Certification class number from “AA” to class number 14 (2 digit year)-13 (Two digit Level Code)-003 (Three digit Region Code)
- Click on approve
- Click on Return to Student Submitted App Queue
- Click on home
- Click on certification by endorsement
- Select individual’s name that is listed
 - Fix any spelling or spacing errors in name and address
 - Enter email address
 - Check certification by endorsement under certifications tab
 - Enter the authorization date
 - Enter the CPR expiration date
 - Click on “notes” tab
 - Enter the date, “AA ELIGIBLE COURSE NAME” , expiration date on card and your initials
 - Click save profile
- Click in check box under remove
- Click remove to delete the record from the endorsement queue
 - Individual will show up in the output queue
 - Delete certification materials from output queue
- Click Home
- Look practitioner up in EMSRS
- Change the expiration date to match the expiration date on the eligible course certification card.
- Click on “notes” tab
- Enter the date, AA to “EMR TRANSITION” and initials or user ID
- Click save profile
- Return to Practitioner Record
- Click Certification tab
- Click “Print Certification Materials” to add new certification materials into the output queue
- From the “Queue Summary” page;
 - Print certificates

- Print letters
- Print wallet cards

Reference: EMS Systems Act Section 1023.33

EMS BLS PROVIDER CERTIFICATION PROCESS

Requirements of the student to be validated by Regional EMS Council:

- Complete required forms
 - EMS Provider Certification application
 - Student Application located at <https://ems.health.state.pa.us/emsportal> (See Appendix for instructions)
 - Certificate of Eligibility
 - Memorandum of Agreement and Assumption of Risk
 - Accommodation Request Form (if applicable)
- Provide government issued photo ID for proof of age and identity
 - Must be 16 years of age or older for an EMR/EMT
- Proof of current CPR certification as defined by current EMS Bulletin (may be taken during class)
- Successful completion of a recommended acceptable ICS/NIMS course (See matrix)
- Successful completion of a recommended acceptable Hazardous Materials course (See matrix)
- Completion of at least 10 patient contacts during course (if required)
- Successful completion of required EMS Provider Certification course through PA Accredited EMS Educational Institute
- Successful completion of the certification process;
 - Psychomotor Exam (practical)
 - Cognitive Exam (written)

Regional EMS Council Process:

Initial registration

- Log into EMSRS
- Click on Continuing Education Record/EMSRS
- Click on Approve Student Apps

NOTE: If the student already has a record in the EMSRS do not approve the application at this time, Contact BEMS via e-mail or telephone for assistance.

- Click on Practitioners name to open the record
- Fix any spelling or spacing errors in name and address
- Enter email address
- Change the Certification class code from (AA, EMSVO, PHRN, EMT etc.) to the appropriate Certification Class number (2 digit year, 2 digit level, 3 digit class or region code)

- Click on approve
- Click on Return to Student Submitted App Queue
- Print Class Report/Roster
 - Click on “reports”
 - Click on “Certification Class Reports”
 - Select certification class number
 - From here you can print the attendance roster, psychomotor exam roster, sign-in sheets and student roster.

NOTE: (See Appendix)

1. Applicant must take initial certification examination within one (1) year after completing required education course.
2. Applicant that fails the practical (psychomotor) skills certification three (3) times must successfully complete a “hands-on” remedial course approved by the Department or repeat the EMS provider training program in its entirety.
3. Applicant that fails written (cognitive) exam three (3) times must successfully complete a refresher course approved by the department or repeat the EMS provider training program in its entirety.
4. Applicant that fails certification exam six (6) times or doesn’t pass required exams within two (2) years of training program completion date will not receive credit for the exams previously passed and will be required to repeat the education and exam process.

EMS BLS PROVIDER PSYCHOMOTOR EXAM

Pre-requisite: All requirements of the EMS BLS provider certification process up to the psychomotor exam

- 1) Candidate schedules themselves to attend psychomotor exam at testing site through a Regional EMS Council
 - a) Exam dates are available on each Regional EMS Council's websites or at <https://ems.health.state.pa.us/emportal> by clicking on [Pearson Vue Testing](#)
- 2) Candidates arrive at testing site at appointed time
 - a) Must have government issued ID for proof of identity
- 3) Completion of required paperwork
 - a) Post course questionnaire

Note: If criminal history status has changed student must complete an EMS Provider Certification application and is **NOT** eligible to test until this is processed
 - b) Candidate's Statement
 - c) Psychomotor Exam Results Form (candidate information)

Regional EMS Council Process

NOTE: Examination failures and retests will be recorded in the candidates EMSRS record in the following format; Enter Date, Skill station failed, retest passed, number of attempts, Region, test site and your initials

Prior to exam day

- Coordinate exam site logistics
- Advertise exam dates on website
- Confirm candidate's eligibility to participate in exam
 - Met all program requirements as validated by the EMS Educational Institute
 - Meets the minimum age requirement for the certification
 - Criminal History has been cleared by the Department
- Schedule skill examiners and actors to staff the exam
- Prepare skill examiner's packets with specific skill's station information
- Prepare testing equipment

Exam day

- Establish skill testing stations
- Secure private room for State EMS official or approved agent

- Provide student with test site ID (if applicable) after government issued ID is verified
- Provide the skill examiner orientation per the most current Psychomotor Examination Users Guide
- Provide the candidate's orientation per the most current Psychomotor Examination Users Guide
- State EMS official or approved agent ensures moulage is appropriate for patient actors per the scenario
- Begin routing candidates
- If a candidate would have a complaint follow the Quality Assurance process per the most current Psychomotor Examination Users Guide
- Skill examiner's totals the points on the skill sheets
- Skill examiner documents critical criteria checked on skill sheets
- State EMS Official or approved agent reviews skill sheets for accuracy and verify points to determine "pass" or "fail" per the most current Psychomotor Examination Users Guide
- State EMS Official or approved agent will transcribe the results on the Psychomotor Exam Results form
- State EMS Official or approved agent will provide verbal results and the Psychomotor Exam Results form to candidate only reporting "pass" or "fail" in a private area. Do not provide the specific reason for failure and document results in EMSRS on notes tab.
- State EMS Official or approved agent will advise candidate that they must present their signed Psychomotor Results Form for entry into retest.
- State EMS Official or approved agent will provide candidate with instructions for NREMT Cognitive Exam process if not previously provided.
- Collect the candidate's test site ID tags and dismiss them from the testing site
- Collect skill evaluator's packets ensuring all confidential materials are returned
- Collect equipment and return testing site to order

Re-tests (if applicable)

EMR

- a) Unsuccessful in two or less stations, re-test will only be on the skills not passed (can be same day re-test at the decision of the exam coordinator)
- b) Unsuccessful in three or more stations, re-test will be all five (5) stations (cannot be same day re-test)

EMT

- a) Unsuccessful in three or less stations, re-test will only be on the skills not passed (can be same day re-test at the decision of the exam coordinator)
- b) Unsuccessful in four or more stations, re-test will be all seven (7) stations (cannot be same day retest)

- 2) Candidates must complete all of the required re-tests on the same date

- 3) Candidates should be informed that an unsuccessful retest #2 (3rd examination attempt) constitutes as complete failure of the exam, requiring a complete re-test of the entire exam after receiving remediation
- 4) Candidates should not be re-tested by the same skills examiner for the same skill they were unsuccessful in on a same day retest
- 5) Follow same testing process as above
- 6) Examination failures will be recorded in EMSRS record
 - a) Enter Date, Skill station failed, number of attempts, Region, test site and your initials

NOTE: PA Regional EMS Council staff will enter examination results for each candidate into the PA EMS Registry System practitioner record under the notes tab within 3 business days.

Reference: Psychomotor Examination Users Guide November 2011

PHRN CERTIFICATION PROCESS

Requirements for the Prehospital RN to apply for PA certification:

NOTE: If you are a member of the armed forces, please inform the regional EMS council of this during the initial request of application.

- Complete an Emergency Medical Services Provider Certification Application.
- The applicant will complete the on-line student application at <https://ems.health.state.pa.us/emsportal/> . Contact the regional EMS Council for the username and password. Instructions are provided in the Appendix.
- Provide the following information/documents to the regional EMS council:
 - Current ACLS certification card
 - Proof of current CPR certification as defined by the current PA DOH BEMS Information Bulletin
 - Government issued photo ID for proof of age
 - Copy of Pennsylvania Registered Nursing License with the State Board of Medicine or the State Board of Osteopathic Medicine.
 - PA EMS certification card (if applicable)

Regional Council Process

Initial Registration

- License search via the PA Department of State website to verify Pennsylvania Registered Nursing License. <http://www.licensepa.state.pa.us/>.
- Verify that the practitioner has an active EMS certification (if applicable).
- If the applicant is not already a currently certified Pennsylvania EMS provider, send a letter to the applicant stating that the documentation requirements have been met and the applicant should contact the Regional EMS council when they are ready to complete the psychomotor exam.
- If the candidate is a currently certified Pennsylvania EMS provider and all documentation requirements have been met, send a letter to the applicant stating the applicant is eligible for the NREMT Assessment – Paramedic cognitive exam. The letter should include directions on how to register with the NREMT prior to testing at the Pearson Vue Testing Center. Registration is through the <http://nremt.org> and <http://www.pearsonvue.com/>.
- If the applicant is a current Pennsylvania Paramedic and all documentation submitted is complete and correct, the applicant can be credentialed in the PA EMS Registry System without taking the exam(s).
- If the applicant is not a currently certified EMS provider in Pennsylvania, the applicant will need to register for BLS Psychomotor exam. The regional EMS council will schedule the PHRN applicant for the exam and provide the exam location, exam time, and specific directions as necessary.

- The PHRN applicant must complete the following skills successfully to complete the PHRN skills exam. The rules for EMT certification currently in place in Pennsylvania will apply with PHRN skills testing as well.
 - Patient Assessment – Trauma
 - Patient Assessment – Medical
 - Oxygen administration via NRB
 - Bag Valve mask Ventilation
 - Cardiac Arrest Management – AED
 - Supine Immobilization
 - Random BLS skill

NOTE: The above requirements could change to be consistent with Current NREMT and Pennsylvania DOH-BEMS testing policies.

- If the applicant successfully completes the BLS psychomotor exam, the regional EMS council will mail and/or e-mail a letter to the applicant stating that they are now eligible for the NREMT Assessment-Paramedic cognitive exam. The letter will include directions on how to register with the NREMT for this exam. The applicant will be advised to contact the regional EMS council when they are ready to sit for the NREMT Assessment—Paramedic exam.
- Authorization to test will only be recommended after all documents have been submitted and the psychomotor exam has been successfully completed.
- The regional EMS council will receive results from the NREMT Assessment-Paramedic cognitive exam. Upon successful completion, the proper code will be applied to the on-line student app (found in the NR Submission queue) prior to submission. The code will start with the last (2) digits of the calendar year, followed by code (40), and finished with a (3) digit code that represents the region. (Example Southern Alleghenies is PA Region 09, 3 digit code would be 009)

NOTE: When the student application is approved the record will appear in the endorsement queue. **DO not endorse the PHRN certification** until the examination results have appeared in the National Registry Submissions queue.

Processing Student Application

- If the candidate has not completed the online student application the application may be completed in the EMRS by selecting “Add New EMS Practitioner” under the “EMS Practitioner” tab

Note: See appendix for codes

- Log into EMSRS
 - Click on “Continuing Education Record/EMS Registry System (EMSRS)
 - Click on Approve Student Apps
 - Click on Practitioners name to open the application
 - Change the Certification class number from “PHRN” to class number 14 (2 digit year)-40-003 (Three digit Region Code)
 - Click on approve

NOTE: When the application is approved the record will appear in the endorsement queue. **DO not endorse the PHRN certification** until the examination results have appeared in the National Registry Submissions queue.

- Click on Return to Student Submitted App Queue
- Click on home
- Click on certification by endorsement
- Select individual's name that is listed
 - Fix any spelling or spacing errors in name and address
 - Enter email address
 - Check certification by endorsement under certifications tab
 - Enter the authorization date
 - Enter the CPR expiration date
 - Click save profile
- Click in check box under remove
- Click remove to delete the record from the endorsement queue
 - Individual will show up in the output queue
 - Delete certification materials from output queue
- Click Home
- From the "Queue Summary" page;
 - Print certificates
 - Print letters
 - Print wallet cards

Printing Certification

- Log into the PA EMS Registry System.
- Click Continuing Education Record/EMS Registry System.
- Click National Registry Submissions.
- Assure that the Applicant has passed. If Applicant failed see note below and continue to process the record

NOTE: Examination failures will be recorded in the candidates EMSRS record in the following format; Enter Date, Exam type (Cognitive or Psychomotor), number of attempts, Region, test site and your initials

- Review ALL demographic information to assure the data is correct, using the EMS Provider Certification Application as a resource.
- Assure that the code for the Certification Class number is the correct format and Code (year-code for PHRN-code for Region) (example 14-40-009).
- Click Approve.

- Check the Print Queue to assure that the record is present.
 - Verify the issue and expiration dates are correct
- Print and send the certification card and/or certificate and letter to the Provider.
 - Send 1 patch for initial
 - No patches for re-registration

PREHOSPITAL PHYSICIAN EXTENDER (PHPE) CERTIFICATION PROCESS

NOTE: The electronic process for this certification level is still in test and is not ready for deployment in the EMSRS (EMS REGISTRY) PA DOH BEMS will notify upon deployment.

Requirements for the Physician Assistant to apply for PA EMS certification:

NOTE: If you are a member of the armed forces, please inform the regional EMS council during your initial contact.

- Complete an EMS Provider certification application.
- Complete the on-line student application <https://ems.health.state.pa.us/emsportal>
- Regional EMS council will provide you the username and password. Instructors are provided in Appendix.
- Provide the following information/documents to the regional EMS council:
 - Current ACLS certification
 - Proof of current CPR certification as defined by the current PA DOH BEMS Information Bulletin
 - Government issued photo Identification for proof of age
 - Copy of Pennsylvania Physician Assistant License with the State Board of Medicine or the State Board of Osteopathic Medicine
 - PA EMS certification card (if applicable)

Applicant Process:

- Log into the EMS Portal Using the User ID and Password provided by PA Regional EMS Council
 - Click on “New Student Application”
 - Complete form down to “Certification Course Code”
 - Enter PHPE for your certification course code
 - Click Submit

NOTE: If you receive an error message, disregard the error message. The system will send the application to the Regional Council.

- Log off the EMS Registry system

NOTE: DO NOT attempt to change the profile information for this log in.

Regional Council Process

Initial registration

- License Search via the PA Department of State website to verify Physician Assistant License. <http://www.licensepa.state.pa.us/>
- Review the PA EMS registry system to verify that the practitioner has an active EMS certification (if applicable).

- If the PHPE applicant is not already a currently certified PA EMS provider, send a letter to the applicant that states that the documentation requirements have been met and the applicant should contact the regional EMS council when they are ready to complete the BLS Psychomotor exam.
- If the candidate is a currently certified PA EMS provider (EMR, EMT or AEMT), and all documentation requirements have been met, send a letter and/or e-mail to the applicant stating the applicant is eligible for the NREMT assessment – paramedic cognitive exam. The letter should include directions on how to register with the NREMT prior to testing at the Pearson Vue testing Center. The applicant will need to go to the following websites <http://nremt.org> and <http://www.pearsonvue.com/>.
- If the applicant is a current Pennsylvania paramedic, and all documentation submitted is complete and correct, the applicant can be credentialed in the PA EMS Registry System without taking the exam(s).
- If the applicant is not a currently certified EMS provider in Pennsylvania, the PHPE applicant will need to register for the BLS Psychomotor exam.
- The regional EMS council will schedule the applicant for the psychomotor exam and provide the exam location, exam time, and specific directions as necessary.
 - The PHPE applicant must complete the following skills successfully to complete the PHPE skills exam. The rules for EMT certification currently in place in Pennsylvania will apply with PHPE skills testing as well.
 - Patient assessment – Trauma
 - Patient assessment – Medical
 - Oxygen administration via NRB
 - Bag Valve mask Ventilation
 - Cardiac Arrest Management – AED
 - Supine Immobilization
 - Random BLS skill

NOTE: The above requirements could change to be consistent with current NREMT and Pennsylvania DOH-BEMS testing policies.

- If the applicant successfully completes the BLS psychomotor exam, send a letter to the applicant stating they are now eligible for the NREMT Assessment-Paramedic cognitive exam. The letter will include directions on how to register with the NREMT for this exam. Advise them to contact the regional EMS council when they are ready to take the NREMT Assessment—Paramedic exam.
- Authorization to test will only be recommended after all documents have been submitted and the psychomotor exam has been successfully completed.
- The regional EMS council will receive results from the NREMT Assessment-Paramedic cognitive exam. Upon successful completion, the proper code will be applied to the on-line student application (found in the NR Submission queue) prior to submission. The code will start with the last (2) digits of the calendar year, followed by code (66), and finished with a (3) digit code that represents the region. (Example Southern Alleghenies is PA Region 09, 3 digit code would be 009)

NOTE: When the student application is approved the record will appear in the in the EMSRS with a PHPE certification. **You must change the issue and expiration dates to 01/01/1900 DO not print certification materials** until the examination results have appeared in the National Registry Submissions queue.

Processing Student Application

- If the candidate has not completed the online student application the application may be completed in the EMRS by selecting “Add New EMS Practitioner” under the “EMS Practitioner” tab

Note: See appendix for codes

- Log into EMSR
 - Click on “Continuing Education Record/EMS Registry System (EMSRS)
 - Click on Approve Student Apps
 - Click on Practitioners name to open the application
 - Change the Certification class number from “PHPE” to class number 14 (2 digit year)-66-003 (Three digit Region Code)
 - Click on approve

When the student application is approved the record will appear in the in the EMSRS with a PHPE certification. **You must change the issue and expiration dates to 01/01/1900 DO not print certification materials** until the examination results have appeared in the National Registry Submissions queue.

- Click on Return to Student Submitted App Queue
- Click on home
- Look practitioner up in EMSRS
- Click on certification number to open the Practitioner Record
- Click Certification tab
- Click “Print Certification Materials” to add certification materials into the output queue
- From the “Queue Summary” page;
 - Print certificates
 - Print letters
 - Print wallet cards

Printing Certification

- Log into the PA EMS Registry System.
- Click Continuing Education Record/EMS Registry System.
- Click National Registry Submissions.
- Assure that the Applicant has passed. If Applicant failed see note below and continue to process the record

NOTE: Examination failures will be recorded in the candidates EMSRS record in the following format; Enter Date, Exam type (Cognitive or Psychomotor), number of attempts, Region, test site and your initials

- Review ALL demographic information to assure the data is correct, using the EMS Provider Certification Application as a resource.
- Assure that the code for the Certification Class number is the correct format and Code (year-code for PHPE-code for Region) (example 14-66-009).
- Click Approve.
- Check the Print Queue to assure that the record is present.
 - Verify the issue and expiration dates are correct
- Print and send the certification card and/or certificate and letter to the Provider.
 - Send 1 patch for initial
 - No patches for re-registration

PREHOSPITAL PHYSICIAN (PHP) CERTIFICATION PROCESS

Requirements of the Prehospital Physician to apply for PA certification:

NOTE: If you are a member of the armed forces, please inform the regional EMS council during your initial contact

- Complete an EMS Provider Certification application.
- Complete the on-line student application at <https://ems.health.state.pa.us/emsportal>
 - Regional EMS Council will provide you the username and password. Instructions are provided in the Appendix.
- Provide the following information/documents to the regional EMS council:
 - Proof of current CPR certification as defined by the current PA DOH BEMS Information Bulletin
 - Government issued photo ID for proof of age
 - PA EMS certification card (if applicable)
- Proof of successful completion of one of the following (MUST show license, diploma, certificates and/or transcripts).
 - Residency program in emergency medicine accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.
 - The first year of a residency program that satisfies the requirements in subparagraph (i) and the ACLS course, the ATLS course, the APLS or PALS course or, for each of these courses, a course that the Department determines meets or exceeds the requirements of the course.
 - A residency program in anesthesia, general surgery, internal medicine or family medicine, by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine, and the ACLS course, the ATLS course, the APLS or PALS course or, for each of these courses, a course that the Department determines meets or exceeds the requirements of the course.
- If not currently certified as an EMS provider, you must successfully complete the BLS psychomotor exam.

Applicant Process:

- Log into the EMS Portal Using the User ID and Password provided by PA Regional EMS Council
 - Click on “New Student Application”
 - Complete form down to “Certification Course Code”
 - Enter PHP for your certification course code
 - Click Submit

NOTE: If you receive an error message, disregard the error message. The system will send the application to the Regional Council.

- Log off the EMS Registry system

NOTE: DO NOT attempt to change the profile information for this log in.

Regional Council Process

Initial registration

- Verify the practitioner has an active EMS certification (if applicable).
- Verify the practitioner has passed a psychomotor examination prescribed by the Department for PHP or served as a prehospital health professional physician prior to October 12, 2013.
- License Search via the PA Department of State website to verify Physician (MD/DO) License.
<http://www.licensepa.state.pa.us/>
- If the applicant is not already a currently certified PA EMS provider, send a letter to the applicant that states that the documentation requirements have been met and that the applicant should contact the regional EMS council when they are ready to complete the BLS Psychomotor exam.
 - The PHP applicant must complete the following skills successfully to complete the PHP skills exam. The rules for EMT certification currently in place in Pennsylvania will apply with PHP skills testing as well.
 - Patient assessment – Trauma
 - Patient assessment – Medical
 - Oxygen administration via NRB
 - Bag Valve mask Ventilation
 - Cardiac Arrest Management – AED
 - Supine Immobilization
 - Random BLS skill

NOTE: The above requirements could change to be consistent with Current NREMT and Pennsylvania DOH-BEMS testing policies.

- If the applicant successfully completes the BLS psychomotor exam, send a letter to the applicant.
- Upon successful completion, the proper code will be applied to the on-line student application prior to submission. The code will start with the last (2) digits of the calendar year, followed by code (46 for HP Physician), and finished with a (3) digit code that represents the region. (Example: Southern Alleghenies is PA Region 09, 3 digit code would be 009)

Printing certification:

- Log into the PA EMS Registry.
- Click Continuing Education Record/EMS Registry System.
- Click Approve Student Apps.
- Select the Student App for the name of the PHP Applicant.
- Review ALL demographic information to assure the data is correct, using the EMS Provider Certification Application as a resource.
- Assure that the code for the Certification Class number is the correct format and Code (year-code for PHP-code for Region) (example 14-46-009).
- Click Approve.
- Check the Print Queue to assure that the record is present.

- Print and send the certification card and/or certificate and letter to the Provider
 - Send 1 patch for initial
 - No Patches for re-registration

MEDICAL COMMAND PHYSICIAN CERTIFICATION PROCESS

Requirements of the Medical Command Physician to apply for PA certification:

NOTE: If you are a member of the armed forces, please inform the regional EMS council during your initial contact

- Complete an EMS Provider Certification application.
- Complete the on-line student application at <https://ems.health.state.pa.us/emsportal>
 - Regional EMS Council will provide you the username and password. Instructions are provided in Appendix.
- Provide the following information/documents to the regional EMS council:
 - Proof of current CPR certification as defined by the current PA DOH BEMS Information Bulletin
 - PA EMS certification card (if applicable)
- Proof of successful completion of one of the following (MUST show license, diploma, certificates and/or transcripts).
- To qualify and continue to function as a medical command physician, an individual shall be serving as a medical command physician immediately prior to February 16, 2010, or
 - Be a physician.
 - Have successfully completed a residency program in emergency medicine accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.
 - Have had an emergency medicine practice in another jurisdiction and establish to the Department that the physician has a combination of training, education and emergency medicine practice that makes the physician qualified to serve as a medical command physician
 - Have successfully completed or taught the ACLS course within the preceding 2 years and have completed or taught the ATLS course and either an APLS or PALS course or other program determined by the Department to meet or exceed the standards of these programs
 - Have an arrangement with the medical command facility to serve as a medical command physician for that facility after receiving certification as a medical command physician
 - Be practicing as an emergency medicine physician, be participating as a resident in a second or subsequent year in an emergency medicine residency program accredited by an accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine or have had at least 3 years of experience as a full-time emergency medicine physician
- Have a current Drug Enforcement Agency (DEA) number or be an emergency medicine resident in an emergency medicine residency program accredited by an accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine who is authorized to use a hospital's DEA number for practice within the emergency medicine residency program.
- Have successfully completed the medical command course located at www.paprepared.net

NOTE: Before the applicant can register at www.paprepared.net they must be entered in the EMSRS using the Prehospital Physician code 46 (2 digit year, 46, 3 digit region code) you will have to change

the practitioner level in the EMSRS practitioner record from PreHospital Physician to Medical Command Physician.

- If not currently certified as an EMS provider, you must successfully complete the BLS psychomotor exam. (for PHP yes NOT for MC Physician)
-

Applicant Process:

- Log into the EMS Portal Using the User ID and Password provided by PA Regional EMS Council
 - Click on “New Student Application”
 - Select Level Pre-Hospital Physician.
 - Complete form down to “Certification Class Number”
 - Enter MED CMD for your Certification Class Number
 - Click Submit

NOTE: If you receive an error message, disregard the error message. The system will send the application to the Regional Council.

- Log off the EMS Registry system

NOTE: DO NOT attempt to change the profile information for this log in.

Regional Council Process

Initial registration

- License Search via the PA Department of State website to verify Physician (MD/DO) License.

<http://www.licensepa.state.pa.us/>

- Upon successful completion, the proper code will be applied to the on-line student application prior to submission. The code will start with the last (2) digits of the calendar year, followed by code (46 for HP Physician), and finished with a (3) digit code that represents the region. (Example: Southern Alleghenies is PA Region 09, 3 digit code would be 009)

Medical Command Certification Processing:

Note: Search for applicant prior to approving student application (they may already be in system)

- Log into the PA EMS Registry.
- Click Continuing Education Record/EMS Registry System.
- Click on Approved Student Apps.
- Click on name of applicant to open application
- Review ALL demographic information to assure the data is correct, using the EMS
- Change the CERTIFICATION CLASS NUMBER from MED CMD to (2 digit year-46- 3 digit region code) (example 14-46-009).

NOTE: Pre Hospital Physician Level will be changed after processing application in the EMSRS

- Click Approve.
- Search Practitioner
- Click Certification Number on open record

NOTE: You will have to change the practitioner level in the EMSRS practitioner record from PreHospital Physician to Medical Command Physician (MC Physician).

- Change Certification Type to MC Physicians (enter in Notes why the change)
- Click Save Profile
- Go to Print Queue
- Choose wallet cards
(Note Provider will still have Pre Hospital Physician).

- Print and send the certification card and/or certificate and letter to the Provider

EMS INSTRUCTOR CREDENTIALING

Initial

- Documents required:
 - Completed EMS Provider Certification Application
 - Government issued photo ID for proof of age
 - Successful completion of one of the following:
 - EMS Instructor course approved by the Department (See PA RECOGNIZED UPDATES AND TRANSITIONS in the APPENDIX) OR;
 - Bachelor's degree in education OR;
 - Teacher's certification in education OR;
 - A Master's degree OR;
 - Doctorate
 - Possess current certification as an EMT or higher
 - Possess at least 1 year experience in providing EMS at an EMT or higher EMS provider level
 - Proof of current CPR certification as defined by the current EMS Information Bulletin
 - Has twenty (20) hours of instructional time monitored by an PA DOH EMS Instructor designated by an EMS Educational Institute's Administrative Director
- NOTE:** An EMS Educational Institute must submit a letter on letterhead indicating that the candidate has completed twenty (20) hours of monitored EMS instructional time and provide a favorable recommendation. The EMS Instructor should utilize the approved DOH monitoring forms (Appendix) to provide feedback to the EMS Instructor Candidate.

Triennial (3 Year) Re-Registration:

- Candidate shall register 30 days prior to expiration of current registration
- Candidate shall:
 - Provide documentation through the EMS Educational Institute or Continuing Education Sponsor of sixty hours of EMS provider, continuing education or rescue courses. Documentation should include course number, date(s) taught, hours for each date, and topic. A completed course roster is acceptable documentation.
 - **NOTE:** EMS provider, continuing education, and rescue courses are considered to be any registered class.
 - Be a current EMS provider at or above the EMT level
 - Proof of current CPR certification as defined by the current EMS Information Bulletin
 - Provide any other instructor requirements (e.g. Module I, II, III, IV)

Re-entry:

- Completed EMS Provider Certification Application
 - Candidate shall:
 - Provide documentation through the EMS Educational Institute or Continuing Education Sponsor of completed instructional hours of lapsed registration periods missed. Documentation should include course number,

date(s) taught, hours for each date, and topic. A completed course roster is acceptable documentation.

- Be a current EMS provider at or above the EMT level
- Provide proof of current CPR certification as defined by the current EMS Information Bulletin
- OR candidate may repeat requirement for initial certification

Regional EMS Council only

1. Process:

- a. Log in to the EMSRS
- b. Search candidate
- c. Click in to profile
- d. Click “Instructor” tab
- e. “Check” Instructor box
 - i. In the” Instructor Issue Date” enter today’s date

NOTE: EMS Instructor certifications are valid for 3 (three) years. If a practitioner has a registration period that will expire prior to the instructor expiration date, the system will automatically give the practitioner an instructor certification expiration date that matches their registration expiration date.

- f. Click on “Notes” tab
 - i. Enter the following:
 - Date notation was made
 - “verified instructor credentials”
 - Entry person’s initials
 - Regional EMS Council name
 - ii. A letter should be sent to EMS Providers at or above the EMT level indicating the new EMS Instructor expiration date. A note indicating this should be placed in the profile

NOTE: *If the EMS Instructor at any level fails to meet EMS provider re-registration requirements the EMS Instructor certification is deemed expired. A new EMS provider certification card and letter should be issued removing EMS Instructor certification.*

- g. Save profile
- h. Print and mail certification materials
 - i. Certification Letter
 - ii. Regional process letter (Appendix)
 - iii. Two rockers (for initial)

COGNITIVE EXAM PROCESS

EMS Educational Institute Process:

- Inform Educational Institute to go to www.nremt.org to establish an account

Student Process:

- Candidate will go to www.nremt.org to create a profile and register, then schedule the date, time and location for the cognitive exam at www.pearsonvue.com
- Note:** Applicants are responsible for all requirements, costs and fees associated with exam(s)
- New or Upgraded certification level when registering on www.nremt.org
 - Select exam appropriate for the level of training completed.

| Level of training completed | Level being sought | Initial Exam |
|-------------------------------|--------------------|------------------------|
| EMR Student over 16 | EMR | EMR Exam |
| EMT Student between 16 and 18 | EMT | Assessment – EMT Exam |
| EMT Student over 18 | EMT | EMT Exam |
| Advanced EMT Student | AEMT | Advanced EMT Exam |
| Paramedic Student | Paramedic | Paramedic Exam |
| PHRN Student | PHRN | Assessment – Paramedic |
| PHPE Student | PHPE | Assessment – Paramedic |

NOTE: See Appendix for Cognitive (Written) Examination Selection for Lapsed Registration and/or additional examination attempts.

- Choose the level of exam that corresponds with the education you just completed (EMT student chooses EMT exam, current EMT student who completes the paramedic program chooses the paramedic exam) this will result (after successful completion of the exam) for the student/candidate to receive a NREMT certificate and a Pennsylvania certification at that level.
- Practitioners/Candidates eligible for NREMT Assessment examinations as prescribed below :
 - Lapsed (EXPIRED) Registration and attempting to regain their Pennsylvania certification

NOTE: Candidates with Lapsed PA EMS Certifications must fulfill all continuing education and Core requirements prior to registering for an ASSESSMENT Examination.

- Between 16 and 18 years of age and seeking initial EMT Pennsylvania certification
- PHRN or PHPE candidates attempting to gain this level of certification
 - When registering on www.nremt.org , you will choose the **ASSESSMENT** Exam option for the level you are seeking. Examples below
- EXPIRED EMT must register for the **ASSESSMENT-EMT** exam

- For Reason to test, put re-licensure
- PHRN and PHPE candidates must register for the ASSESSMENT-PARAMEDIC exam
 - For Reason to test, put other
- Paramedic (in the future) who fails to follow the continuing education and registration process must register for ASSESSMENT-PARAMEDIC exam.

| Level of training completed | Level being sought | Exam |
|----------------------------------|----------------------------|------------------------|
| EMR Lapsed Registration | EMR | Assessment - EMR |
| EMT Student Between 16 & 18 | EMT | Assessment - EMT |
| EMT Lapsed Registration | EMT | Assessment - EMT |
| Advanced EMT Lapsed Registration | AEMT | Assessment - AEMT |
| Paramedic Lapsed Registration | PA Paramedic Certification | Assessment - Paramedic |
| PHRN Student | PHRN | Assessment - Paramedic |
| PHRN Lapsed Registration | PHRN | Assessment - Paramedic |
| PHPE Student | PHPE | Assessment - Paramedic |
| PHPE Lapsed Registration | PHPE | Assessment - Paramedic |

NOTE: Successful completion of ANY ASSESSMENT exam noted above will result in the issuance of Pennsylvania certification. Individuals seeking National Registry certification MUST follow the National Registry policies and procedures.

Regional EMS Council Process:

- Create a Regional EMS Council account at www.nremt.org in order to verify BLS students
 - Only 1 person from the Regional EMS Council is permitted to have this access

NOTE: The following must be done within 2 business days (with the exception of holidays then this must be completed the following business day) of a Pennsylvania Department of Health, Bureau of EMS Psychomotor exam to validate the successful completion of the exam and permit the student to attempt the cognitive exam at a Pearson Vue Testing Center.

- Log into www.nremt.org
- Choose the option for STATE EMS OFFICE
- Choose manage candidates
 - COURSE COMPLETION VERIFICATION

NOTE: This must be done by the EMS Educational Institute

- Select practical exam verification
- Select Application level
 - Under Application created date range choose

- Application created begin date
- Application created end date

NOTE: It is sometimes easier to have the dates 6 months apart to locate the students of a particular class

EMS Education Program

- Click the List and all EMS Educational Institutes will appear that have an account

NOTE: If you have students in a psychomotor exam that is not in your region, you still must verify their Practical Exam Verification

- Enter the CANDIDATE by Social Security Number
- **NOTE:** If you do not have the candidate's full Social Security Number, you can leave this field blank, and then choose select. If you do this, you will then have access to all students from a particular EMS Educational Institute's program that needs verified.
- Click Select

Click SUCCESSFUL PRACTICAL SKILLS COMPLETION in the line next to the student

- Enter the date (MM/YYYY) that the Psychomotor Exam was completed.

NOTE: This is for successful completion of ALL stations, which makes the candidate eligible for the cognitive exam

Click SUBMIT

CREDIT FOR CONTINUING EDUCATION

- 1 credit = 60 minutes of instruction
- Courses must be a minimum of 30 minutes.
- Providers cannot miss more than 15% of the course.
- Credit can only be received one time per renewal cycle per course.
- Credits cannot be carried over from one certification period to another.
- Credit will not be awarded for courses not completed. Classroom settings shall have a check in/check out process to ensure the provider has met the course educational objectives.
- Coned Sponsor is responsible for ensuring the provider has met the course requirements.
- EMS provider or EMSVO teaching the course will receive the same credits as the course is approved.
- Continuing Education Sponsors, EMS Providers, EMSVO and EMS Instructors will only receive continuing education credit for teaching the same course once per registration renewal cycle.
- EMS providers or EMSVO who attend or teaches a course offered with National or State Accreditation may apply to receive credit.
- EMS providers or EMSVO have to prove the course met the standards required.
- Coned credits can be sought for self-study courses. The EMS provider or EMSVO must apply to BEMS for credit prior to beginning the course.
- Coned credits shall be awarded for courses not in a classroom setting as long as it was approved in that manner.
- A record of the coned credits for the EMS providers and EMSVO will be maintained by BEMS that may be accessed at <https://ems.health.state.pa.us/EMSPortal/Login.aspx>
- **It is the responsibility of the EMS provider or EMSVO to review their continuing education record for any discrepancies and to report any noted to the Regional EMS Council.**
- EMS providers or EMSVO may self-report continuing education through the EMS Registry system with the release of the new EMS Registry System (date to be determined).

Reference: EMS Systems Act Section 1023.32

EMS EDUCATIONAL INSTITUTE ACCREDITATION PROCESS

- Submit accreditation application to the regional EMS council. Re-accreditation applications should be submitted at least 180 days in advance, but not more than a year prior to expiration.
- Regional EMS council reviews form and supporting documentation.
- Within 30 days, regional EMS council conducts an onsite inspection for BLS

EMS Educational Institutes.

Orientation meetings covering the accreditation process should be conducted with each of the following:

- Administrative Director
- Medical Director
- Program and/or Course Coordinator
- Minimum of one Lead Instructor (if they don't hold one of the previous mentioned positions)
- Inspection process includes:
 - Record Keeping (per class and per student)
 - (1) Counseling documentation
 - (2) Test results
 - (3) Skills Sheets
 - (4) Patient Contact Completion forms
 - (5) NIMS/ICS/Hazmat certificates
 - (6) Signed Code of Conduct
 - (7) Additional signed policy requirements sheets per the Educational Institute
 - On and off campus sites
 - (1) Include physical address of each site
 - (2) Include physical location of each classroom
 - Personnel information
 - (1) Includes CV or resume for administrative director and medical director
 - (2) Includes CV or resume for Course Coordinator and Lead Instructors
 - Review and inspection of equipment
 - (1) Includes an inventory list of equipment and supplies
- ALS Educational Institutes must conform to the most current CoAEMSP guidelines.
 - ALS EMS Educational Institute inspections are completed by CoAEMSP and CAAHEP.
 - ALS EMS Educational Institutes accredited by CoAEMSP/CAAHEP shall be considered to have met requirements and shall be accredited.

- Before the end of the third year of Pennsylvania accreditation cycle, a renewal application must be submitted with updated personnel information.

NOTE: An inspection must be conducted to review equipment and supplies as CoAEMSP does not review these.

- COAEMSP accreditation is 5 years however ALS EMS Educational Institutes must be reaccredited every 3 years to maintain Pennsylvania accreditation.
- ALS Educational Institutes are responsible for any costs or fees associated with CoAEMSP and CAAHEP.
- Regional EMS council forwards recommendation to the Department with an endorsement or an explanation why the application isn't endorsed.
- Within 150 days, the Department will make a determination;
 - Full accreditation
 - Conditional accreditation
 - Non-Accreditation
- EMS Educational Institutes with full or condition status shall submit reports as requested.
- EMS Educational Institutes are subject to review, including records, facilities and equipment.
- Notification must be made by the Educational Institute at least 90 days prior to a change in ownership or control of the institute. Accreditation isn't transferrable.
 - All EMS Educational Institutes must notify the Regional EMS Council within 30 days of changes in executive level personnel.
- EMS Educational Institutes that intend to conduct courses under a regional EMS Council other than the one their accreditation is through must amend their application. The new application will be processed by the regional EMS Council and acted upon by the Department within 90 days.

Reference: EMS Systems Act Section 1025.2

EMS EDUCATIONAL INSTITUTE OPERATION REQUIREMENTS

- EMS Educational Institutes shall be one of the following;
 - Secondary or Postsecondary Institution;
 - Hospital;
 - Regional EMS council;
 - Educational institute in a branch of the armed forces;
 - OR an entity which meets the criteria set by 1025.1
- BLS Educational Institutes may conduct the following courses:
 - Emergency medical responder course (EMR)
 - Emergency medical technician course (EMT)
 - Advanced Emergency Medical Technician course (AEMT)
- ALS Educational Institutes may conduct the following courses:
 - Any course listed above;
 - Paramedic course
 - Pre-Hospital Registered Nurse course (PHRN)
- EMS Educational Institutes shall register the location and staffing plan of any certification courses at least 30 days prior to the first class.
- EMS Educational Institutes shall have an advisory committee;
 - Comprised of representatives of the EMS community, regional EMS Council, and institute's medical director;
 - Committee shall meet at least annually to establish goals and objectives and to monitor the EMS educational institute's performance.
- EMS Educational Institutes must disclose the following to students and perspective students;
 - Accreditation status;
 - Contact information for the regional EMS council and the department;
 - Institute's admissions, code of conduct for students and instructors, and discharge policies and practices;
 - Functional job analysis for each provider classification;
 - Requirements for completing each certification course, including notice of the books and materials required
 - Tuition fees and all other costs involved
 - Policy and process for withdrawal from a course and the refund of tuition and other fees;
 - Information on how students may perform clinical work while enrolled the course;
 - Percentage of students for the previous 3 years who enrolled in and completed each EMS provider educational course offered by the institute;

- Percentage of students for the previous 3 years, for each EMS provider course, who obtained EMS certification and a percentage of the students who obtained certification after first examination;
- Regulatory requirements for testing;
- Policies for prevention of all forms of harassment;
- EMS Educational Institute must have a medical director who is a physician with experience in emergency medical care and demonstrated ability in education and administration.
- Medical Director's responsibilities include;
 - Reviewing course content to ensure compliance;
 - Reviewing and approving criteria for recruitment, selection and orientation of faculty;
 - Providing technical advice and assistance to faculty and students by being an active member of the advisory committee;
 - Reviewing the quality and medical content of the education materials to ensure compliance with protocols;
 - Review new technology for training and education.
 - Signing skill verification forms for students.
- ALS Educational Institutes Medical Directors responsibilities include;
 - All of the above mentioned;
 - Approving content of written and practical skills examinations;
 - Identifying and approving facilities where students fulfill clinical and field internship requirements;
 - Identifying and approving individuals to serve as field and clinical preceptors;
 - Signing skill verification forms for students.
- BLS Educational Institutes shall have an administrative director with 2 years' experience in administration and 3 years of prehospital care.
- ALS Educational Institutes shall have an administrative director with 2 years' experience in administration and 3 years in ALS prehospital care, and a Bachelor's degree from an accredited school of higher education, and an EMS provider certification above AEMT.
- Administrative Director responsibilities include ensuring;
 - Adequacy of the process for screening student applications and the student selection process;
 - Adequacy of the screening and selection of instructors;
 - Adequate inventory of necessary educational equipment and that training equipment is properly maintained ;
 - Adequate administration of the course and written and practical skills examinations involved in the course;
 - There is a system for maintenance of student records and files;
 - There is an appropriate mechanism to resolve disputes between students and faculty;

- Administrative director shall serve as the liaison between the EMS educational institute, the Department and the regional EMS council. Another person may be designated to perform this function as long as they are monitored by the administrative director.
- EMS educational institute shall designate a course coordinator for each course.
- Course coordinator shall satisfy the following requirements;
 - Reading and language skills commensurate with resource materials being utilized;
 - Knowledge of the Statewide EMS protocols, the regional EMS protocols, the National Education Standards and the National Registry of EMT's;
 - Three years of clinical experience providing prehospital care at or above the EMT level (BLS);
 - Three years of clinical experience providing prehospital care at or above the AEMT level (ALS);
 - Certification as an EMT Instructor.
- Course coordinator is responsible for management and supervision of each course they serve as the course coordinator.
- Specific duties of the course coordinator shall be assigned by the EMS educational institute.
- One person may serve as both the administrative director and a course coordinator.
- EMS educational institute shall ensure availability of qualified instructors.
- EMS educational institute shall make available faculty development for EMS instructors in concepts of utilizing a variety of instructional strategies, adapting to students with diverse backgrounds and different learning styles and be responsible for ensure that the instructors are competent in providing education employing those strategies.
- Instructors shall be 18 years or older and possess a high school diploma or GED.
- At least 75% of instruction shall be provided by instructors who are either of the following;
 - EMS instructors certified by the Department who have at least 3 years' experience as an EMS provider at or above the level they are instructing and at least 2 years' experience teaching EMS courses at or above the level they are teaching;
 - Determined by the course coordinator and medical director to meet or exceed these standards.
- Medical Director, in conjunction with course coordinator, is responsible for verifying the special expertise of an instructor who doesn't satisfy the above requirements and for specifying the portion of the curriculum they are able to teach.
- Instructors are responsible for presenting course materials in accordance with the establish curriculum.
- EMS education institutes shall ensure the availability of clinical preceptors;
 - Clinical preceptors are responsible for the supervision and evaluation of students while fulfilling clinical requirements.
 - EMS educational institutes shall ensure the availability for qualified field preceptors for each student enrolled in a course at or above AEMT level.
 - EMS educational institutes shall ensure the availability for qualified field preceptor for each student below an AEMT level for which is provides a field internship.

- EMS educational institutes shall use as a field preceptor an EMS provider who is certified at or above the level of the course being taught.
- Field preceptors are responsible for supervision and evaluation of students while fulfilling a field internship. A field preceptor shall directly supervise a student's performance of any EMS skills which the student isn't certified to perform.
- EMS educational institute shall maintain educational facilities necessary for the provision of EMS provider educational courses, including satisfying State and Federal standards. Facilities shall include classrooms, space for equipment storage, and be of sufficient size and quality to conduct didactic and practical skills performance sessions.
 - Regional EMS Councils shall inspect these facilities and deem them acceptable or unacceptable based on these conditions. Facilities should be clean, safe, and should enhance the education process by being free of interruptions and distractions.
- EMS educational institutes shall provide, properly prepare and maintain essential equipment and supplies to administer the course.
 - EMS educational institute shall have the following operating procedures;
 - Adopt and implement a nondiscrimination policy;
 - Maintain a file on each enrolled student which includes class performance, practical and written examination results, and student progress reports;
 - Provide a mechanism by which students may grieve decisions made by the institute regarding dismissal from the course;
 - Provide students with preparation for testing;
 - An ADA Accommodations policy;
 - An advertised attendance policy;
 - Minimum and maximum class sizes;
 - Counseling policy to include contact information of how to initiate counseling;
 - Course schedule for each course;
 - Course syllabus for each certification level including course objectives, competencies and description of course;
 - Harassment policy;
 - Rules of Conduct;
 - Insurance verification for the liability of the Instructors and the Institution;
 - Student's rights and responsibilities;
 - Successful completion criteria;
 - Cost of the course per each student for each certification level;
 - College credit policy;
 - A policy for regarding the transfer of a student into or out of a course from one educational institute to another;

- A continuing quality improvement process in place for students, instructors, and clinical evaluation;
 - Require each student to complete an application provided by the Department;
 - Require each student to complete and submit the form for reporting criminal convictions, discipline and exclusion from a State or Federal health care program. Inform each student it is their duty to report any changes in this information to the Department.
 - Forward a copy of the form completed for criminal convictions to the regional EMS council, no later than 14 days after the first class session;
 - Prepare a course completion form for each student who successfully completes the course and forward that form to the regional EMS council, no later than 14 days after completion of the course.
 - Participate in EMS educational institute system evaluation activities as requested by the Department.
- EMS educational institute and an applicant for EMS educational institute shall make available to the Department or regional EMS council, upon request, its educational facility for inspection and provide them with complete and accurate records relating to the institutes compliance of requirements.

Reference: EMS Systems Act Section 1025.1

ENDORSEMENT OF COURSE OR EXAMINATION

- Completion of Student Application located at <https://ems.health.state.pa.us/emsportal>
- Completion of EMS Provider Certification Application
- Proof of course completion (per most current EMS Information Bulletin)
- Proof of current CPR certification as defined by current EMS Information Bulletin
- Provide government issued photo ID for proof of age
- [Regional Council Use] reviews and verifies all documents provided
 - If positive criminal history follow criminal history process

If the course is approved (see appendix) by the DOH BEMS and applicant is not required to complete an examination:

- Follow Regional Council process below

[Regional Council Use] If course is approved (see appendix) and the applicant is eligible to follow exam process:

- Provide information for psychomotor exam, location(s), date(s) and requirements

NOTE: Applicants must have photo ID with them at the exam site

- Inform candidate to go to www.nremt.org and www.pearsonvue.com to create a profile and register for cognitive exam
 - Notify applicant that they are responsible for all requirements, costs and fees associated with exam(s)

Regional EMS Council Process:

Note: See Appendix for codes

1) Complete online student application (Completed by practitioner or Regional Council staff)

Note: See appendix for codes

2) Log into EMSR

- Click on Continuing Education Record/EMSRS
- Click on Approve Student Apps
- Click on Practitioners name
- Enter Certification Class number (2 Digit year +2 digit reciprocity code +3 digit region code)
- Click on approve
- Click on Return to Student Submitted App Queue

- Click on home
 - Click on certification by endorsement
 - Select individual's name that is listed
 - Fix any spelling or spacing errors in name and address
 - Enter email address
 - Check certification by endorsement under certifications tab
 - Enter the authorization date
 - Enter the CPR expiration date
 - Enter in NOTES tab "Date of action, AA to EMR Transition, recognized certification with expiration date, and your initials or user ID"
 - Click save profile
 - Delete the entry from the certification by endorsement queue
 - Individual will show up in the output queue
 - Delete certification materials from output queue
 - Look practitioner up in EMSRS
 - Change the expiration date to match the expiration date on the reciprocal State certification card.
 - Click on Notes tab, Enter date of action, reason for date change and initials or user ID
 - Click save profile
 - Add new certification materials into the output queue
 - From the "Queue Summary" page;
 - Print certificates
 - Print letters
 - Print wallet cards
1. From the "Queue Summary" page print certificates, letters and wallet cards

Reference: EMS Systems Act Section 1023.33

INITIAL & CONTINUING EDUCATION REQUIREMENTS

Initial Certification Requirements

| Certification | Minimum Age | Course/license Requirements | Current CPR required | Registration period | Cognitive (written) exam required | Psychomotor (practical) exam required | Other |
|---------------|-------------|--|----------------------|---------------------|-----------------------------------|---------------------------------------|--------------------------|
| EMSVO | 18 | EVOC | N/A | 3 years | N/A | N/A | Current driver's license |
| EMR | 16 | EMR | Yes | 3 years | Yes* | Yes | |
| EMT | 16 | EMT | Yes | 3 years | Yes* | Yes | |
| AEMT | 18 | AEMT or EMT + required coned and skills | Yes | 2 years | Yes | Yes | |
| Paramedic | 18 | Paramedic | Yes | 2 years | Yes | Yes | |
| PHRN | 18 | Pennsylvania RN | Yes | 2 years | Yes | Yes | |
| PHPE | 18 | Pennsylvania Physician Assistant | Yes | 2 years | Yes | Yes | |
| PHP | | Residency Program (defined in Section 1023.30 i) in addition to ACLS, APLS or PALS, ATLS | Yes | 2 years | No | Yes | |

* Candidates Ages 16-18 take NREMT Cognitive Assessment Examination

Continuing Education Requirements

| Certification | Renewal Cycle | Total Credits | Credits in Patient Care or Core | CPR (completed or taught) |
|----------------------|----------------------|----------------------|--|----------------------------------|
| EMSVO | 2 year/3 year | 2/3* ** | 2/3 | NA |
| EMR | 3 year | 16 | 12 | Biennially |
| EMT | 3 year | 24 | 18 | Biennially |
| AEMT | 2 year | 36 | 27 | Biennially |
| Paramedic | 2 year | 36 | 27 | Biennially |
| PHRN | 2 year | 36 | 27 | Biennially |
| PHPE | 2 year | 36 | 27 | Biennially |
| PHP | 2 year | 36 | 27 | Biennially |

*Required in addition to the credits required for EMS provider certification.

**The EMSVO affiliated with a QRS that does not function on an ambulance does not have continuing education requirements.

Reference: EMS Systems Act 1023.22, 1023.24, 1023.25, 1023.26, 1023.27, 1023.28, 1023.29, 1023.30, 1023.31

LAPSE OF EMS REGISTRATION FOR ALL EMS PROVIDER LEVELS

Note: EMS Providers that reside outside the commonwealth must maintain affiliation with a PA Licensed EMS Agency to qualify for recertification.

EMS Provider expired within 2 years must meet following requirements:

- 1) Completion of EMS Provider certification application
- 2) Proof of previous EMS certification
- 3) Proof of current CPR certification
- 4) Proof of clinical care and core continuing education credits
- 5) Create an account on www.nremt.org and submit for approval from Regional EMS Council
- 6) Successful completion of the National Registry of EMT (NREMT) cognitive Assessment Examination

EMS Provider expired more than 2 years must meet the following requirements:

- 1) Completion of EMS Provider certification application
- 2) Proof of previous certification

NOTE: Pre 1995 National Standard Curriculum (NSC) is not eligible

- 3) Proof of current CPR certification
- 4) Proof of clinical care and core continuing education credits for each lapsed registration period
- 5) Create an account on www.nremt.org and submit for approval from Regional EMS Council

NOTE: This will NOT provide a National Registry certification this exam is only used as a validation to receive state certification. Students are responsible for all fees/costs associated with the certification testing process.

- 6) Successful completion of the Pennsylvania / National Registry of EMT (NREMT) Psychomotor examination
- 7) Successful completion of the National Registry of EMT (NREMT) Cognitive exam (see matrix in the Appendix)

NOTE: All BLS certifications expire the last day of the quarter at midnight

Regional EMS Council Process:

- 8) Refer to the BLS Psychomotor exam process and cognitive exam verification

Reference: EMS Systems Act 1023.21 Section E

RECIPROCITY

- Applicant will furnish the following:
 - Completed Student Application located at <https://ems.health.state.pa.us/emsportal>
 - Completed EMS Provider Certification Application
 - Copy of government issued photo ID for proof of age
 - **Certified** criminal history background check from:
 - Current and previous state(s) of residence and
 - State(s) where certification is held and/or was held.(if applicable)
 - Driver's license History
 - Proof of current CPR certification as defined by current EMS Bulletin
 - Copy of current state and/or National Registry certification
 - Military applicants with current National Registry must provide proof of military service
 - DD 214 form (military verification) or
 - DD form 2-1 (For current Military active duty service)
 - Military ID
 - The Pennsylvania department of Health determines criteria is equivalent to the criteria or type of EMS provider
 - The Pennsylvania Department of Health can provide certification reciprocity only for certifications recognized in PA
- Completed verification for EMS practitioner form

NOTE: Provider seeking reciprocity must present themselves at a regional EMS council office and bring a government issue photo ID to complete the reciprocity process

Regional EMS Council Process

Note: See Appendix for Codes (Reciprocity codes will automatically give the applicant a 3 year expiration date, which **MUST** be changed to match current recognized certification expiration date. Continuing Education requirements will be prorated for the initial certification period)

Upon receipt of verification form:

- 1) Check for approval from state which applicant has current certification and verify there are no administrative actions or restrictions connected to the certification
 - a) Verify the expiration date of the current state or national registry certification
 - i) To check status is National Registry
 - (1) Go to www.nremt.org

- (2) Log in under your user name
 - (3) Click “check status of Nationally Certified EMS Professional”
 - (4) Enter NREMT certification number
 - (5) Click “submit”
 - (6) Print page for proof of certification
- ii) Regional Council will add the issue date so that the expiration date, does NOT exceed the current expiration of the state or national registry expiration date.

Note: See appendix for codes

- 2) Complete online student application (Completed by practitioner or Regional Council staff)

Note: See appendix for codes

- 3) Log into EMSR
- a) Click on Continuing Education Record/EMSRS
 - b) Click on Approve Student Apps
 - c) Click on Practitioners name
 - d) Enter Certification Class number (2 Digit year +2 digit reciprocity code +3 digit region code)
 - e) Click on approve
 - f) Click on Return to Student Submitted App Queue
 - g) Click on home
 - h) Click on certification by endorsement
 - i) Select individual’s name that is listed
 - ii) Fix any spelling or spacing errors in name and address
 - iii) Enter email address
 - iv) Check certification by endorsement under certifications tab
 - v) Enter the authorization date
 - vi) Enter the CPR expiration date
 - vii) Enter in NOTES tab “Date of action, Reciprocity from XX State, recognized certification with expiration date, and your initials or user ID”
 - viii) Click save profile
 - i) Delete the entry from the certification by endorsement queue
 - j) Individual will show up in the output queue
 - k) Delete certification materials from output queue
 - l) Look practitioner up in EMSRS
 - m) Change the expiration date to match the expiration date on the reciprocal State certification card.
 - n) Click on Notes tab, Enter date of action, reason for date change and initials or user ID
 - o) Click save profile
 - p) Add new certification materials into the output queue
 - q) From the “Queue Summary” page;
 - i) Print certificates
 - ii) Print letters

iii) Print wallet cards

iv) Provide 2 (two) certification patches

Reference: EMS Systems Act 1023.34

APPENDIX

**Emergency Medical Services of
Northeastern PA, Inc.**

169 CenterPoint Boulevard
Jenkins Township, PA 18640-6134
(570) 655-6818 (800) 427-1911
Fax (570) 655-6824
Counties: Bradford, Susquehanna,
Lackawanna; Luzerne; Pike; Wayne; Wyoming
www.emsnp.org
emsnp@emsnp.org

LTS EMS Council

542 County Farm Road, Suite 101
Montoursville, PA 17754-9621
(570) 433-4461 Fax (570) 433-4435
Counties: Lycoming; Tioga; Sullivan
www.lyco.org
LTSinfo@lyco.org

Montgomery County Emergency

Medical Services
Office of Emergency Medical Services
1175 Conshohocken Road
Conshohocken, PA 19428
(610) 278-2666 Fax (610) 278-6254
County: Montgomery
www.montcopa.org/dps
emsinfo@montcopa.org

Philadelphia EMS Council

Philadelphia Fire Department
3061 Bland Ave
Philadelphia, PA 19153
(215) 685-4216 Fax (215) 685-4207
County: Philadelphia
www.phila.gov
pdf.regems@philagov

Seven Mountains EMS Council, Inc.

523 Dell Street
Bellefonte, PA 16823
(814) 355-1474
Counties: Centre; Clinton; Juniata; Mifflin
www.smems.org
mwolfgang@smems.org

Southern Alleghenies EMS Council, Inc.

123 Olde Farm Office Road
Duncansville, PA 16635
(814) 696-3200 Fax (814) 696-0101
Counties: Bedford; Blair; Cambria; Fulton;
Huntingdon; Somerset
www.saeems.com
saeems@saeems.com

Susquehanna EHS Council, Inc.

44 Universal Road
Selinsgrove, PA 17870
(570) 473-7834 Fax (814) 355-5149
Counties: Columbia; Montour; Northumberland;
Snyder; Union
www.sehs.org
mwolfgang@smems.org

**PENNSYLVANIA
REGIONAL
EMERGENCY
MEDICAL
SERVICES
COUNCILS**

***EMS EDUCATIONAL RESOURCE
GUIDE
For Questions & Exam Assistance***



Pennsylvania Department of Health
Bureau of Emergency Medical Services
Room 606, Health & Welfare Bldg
625 Forster Street
Harrisburg, PA 17120-0701
(717) 787-8740
FAX (717) 772-0910

<http://www.portal.state.pa.us/portal>

There are fifteen (15) Regional EMS Councils throughout the Commonwealth, whose function is to plan, develop, maintain, expand and improve EMS systems within a specific geographical area of this Commonwealth. Each regional council is listed and is color-coded to the map below.



Bucks County Emergency Health Services

911 Freedom Way
Myland, PA 18974-5109
(215) 340-8735 Fax (215) 957-0765
County: Bucks
www.bcehs.com
Info@bcehs.com

Chester County EMS Council

Department of Emergency Services
601 Westtown Road--Suite 12
P.O. Box 2747
West Chester, PA 19380-0990
(610) 344-5000 Fax (610) 344-5050
County: Chester
www.ches.co.ems.org
hemoore@ches.co.org

Delaware County EHS Council, Inc.

Government Center Building, Room G-5
201 W. Front Street
Media, PA 19063-2708
(610) 891-5310 Fax (610) 891-5375
County: Delaware
<http://www.co.delaware.pa.us/intercommunity/ems>
webmaster@co.delaware.pa.us

Eastern Pa EMS Council, Inc.

4801 Kernsville Road, Suite 100
Orefield, PA 18069-2317
(610) 820-9212 Fax (610) 820-5620
Counties: Berks; Carbon; Lehigh; Monroe;
Northampton; Schuylkill
www.easternemscouncil.org
info@eastememscouncil.org

EHS Federation, Inc.

722 Limekiln Road
New Cumberland, PA 17070-2354
(717) 774-7911 Fax (717) 774-6163
Counties: Adams; Cumberland; Dauphin;
Franklin; Lancaster; Lebanon; Perry; York
www.ehsf.org
info@ehsf.org

Emergency Medical Service Institute

1002 Church Hill Road
Pittsburgh, PA 15205-9006
(412) 242-7322 Fax (412) 787-2340
Counties: Allegheny; Armstrong; Beaver; Butler;
Fayette; Greene; Indiana; Lawrence;
Washington; Westmoreland
www.emsi.org
info@emsi.org

EMMCO East, Inc.

1411 Million Dollar Highway
Kersey, PA 15846-9327
(814) 834-9212 Fax (814) 781-3881
Counties: Cameron; Clearfield; Elk; Jefferson;
McKean; Potter
www.emmcoeast.org
info@emmcoeast.org

EMMCO West, Inc.

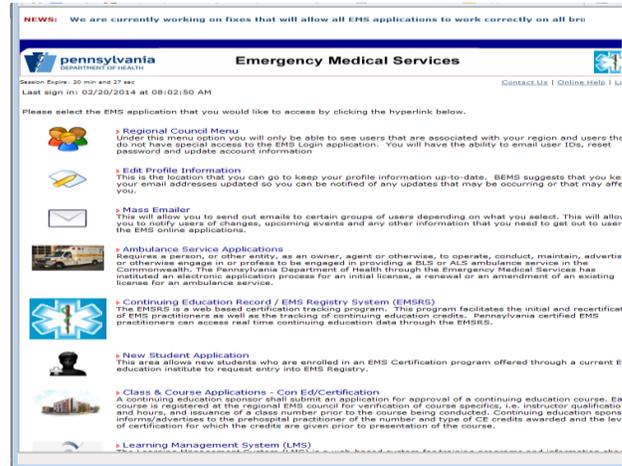
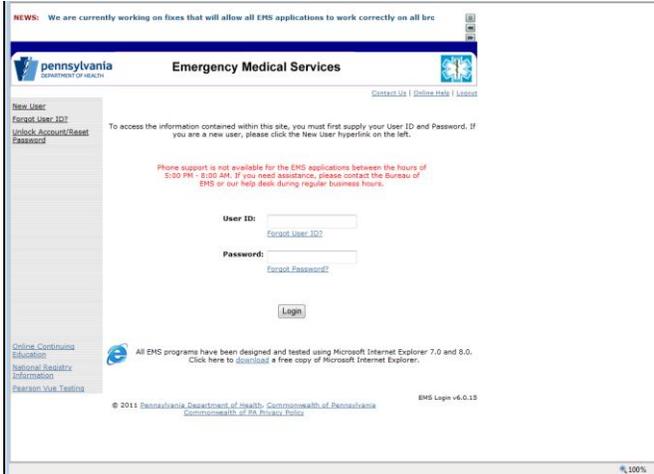
16271 Conneaut Lake Road, Suite 101
Meadville, PA 16335-3814
(814) 337-5380 FAX (814) 337-0871
Counties: Clarion; Crawford; Erie; Forest;
Mercer; Venango; Warren
www.emmco.org
mail@emmco.org

| EMSVO Certification Matrix | | | |
|--|---|--|--|
| PA Certified EMS Provider | Initial Certification | Registration Continuing Education | Additional Notes |
| Emergency Medical Services Vehicle Operator (EMSVO) | Completes an application. Is 18 years of age or older. | 3 year registration 1 hour per year (3 hours / registration period) | <p><i>No continuing education requirements exists for the EMSVO that is only affiliated with a Quick Response Service (QRS)</i></p> <p><i>Transition for operators of ground ambulances and squad vehicles. A person who drove an ambulance or squad vehicle prior to April 10, 2014, and who satisfies the certification requirements under PA Code § 1023.22 (b), may serve as an EMSVO until July 9, 2014, without having secured a certification as an EMSVO.</i></p> <p><i>Documented proof of completion of a Pennsylvania Department of Health approved Emergency Vehicle Operator Course (EVOC)</i></p> <ul style="list-style-type: none"> ○ Copy of original course completion certificate OR ○ Recorded on Provider Continuing Education Record in Pennsylvania Emergency Medical Services Registry System (EMSRS) OR ○ EMS Education Institute Course Roster OR ○ Approved EMS Agency Licensing Application Personnel Roster |
| Emergency Medical Responder (EMR) | Has a current driver's license. Is not addicted to alcohol or drugs. | 3 year registration 1 hour per year (3 hours / registration period) | |
| Emergency Medical Technician (EMT) | Is free from physical or mental defect or disease that may impair the person's ability to drive a ground EMS vehicle. Has successfully completed an emergency vehicle operator's course of instruction approved by the Department. | 3 year registration 1 hour per year (3 hours / registration period) | |
| Advanced Emergency Medical Technician (AEMT) | <u>Has not:</u> | 2 year registration 1 hour per year (2 hours / registration period) | |
| Paramedic (P) | Been convicted within the last 4 years prior to the date of application of driving under the influence of alcohol or drugs. | 2 year registration 1 hour per year (2 hours / registration period) | |
| Prehospital Registered Nurse (PHRN) | Within the last 2 years prior to the date of application been convicted of reckless driving or had a driver's license suspended due to use of drugs or alcohol or a moving traffic violation. | 2 year registration 1 hour per year (2 hours / registration period) | |
| PreHospital Physician Extender (PHPE) | Has successfully completed an EVOC following a disqualification from certification under paragraph (7), regardless of whether the person successfully completed the course previously. | 2 year registration 1 hour per year (2 hours / registration period) | |
| PreHospital Physician (PHP) | | 2 year registration 1 hour per year (2 hours / registration period) | |

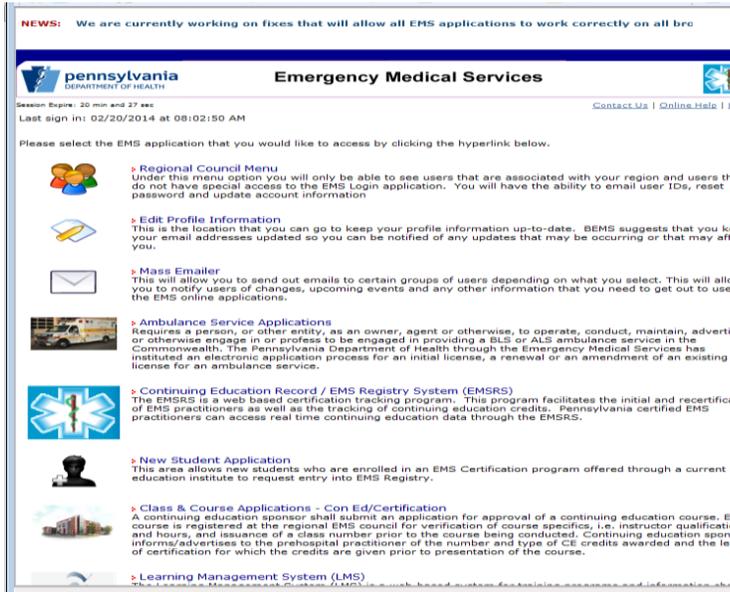
STUDENT APPLICATION INSTRUCTIONS

The information provided on this application is secure and will only be shared with your EMS Educational Institute, PA Regional Council staff and The Bureau of EMS staff. Do NOT make any changes to the profile information or password as this may delay the processing of your application.

Step 1, go to <https://ems.health.state.pa.us/emsportal> This page is known as the EMS Application page or EMS Portal. Log in with the user ID and password provided by the Regional EMS Council. DO NOT attempt to change the user profile information or password. Your information is secure!



Step 2, Find “New Student Application” By clicking on this link you will enter the student application. Once the information is submitted it will go to the PA Regional EMS Council and is only viewable by Regional Council staff and Bureau of EMS.



staff.

Step 3, Complete the form down to certification class number. Enter the certification class code. (See chart below if not attending a certification course) Then click submit. **Once the information is submitted it will go to the Regional EMS Council and is only viewable by Regional Council staff and Bureau of EMS staff.** If you receive an error message at the top of this page after you click on the submit disregard the message and log out, your application will still appear in the Regional Council queue. **Your Name, address, Date of Birth and social security number must match the information provided to NREMT.**

Emergency Medical Services

Create New Student Application -

Fill in all personal information fields as prompted. The name you include in this area should be the same as what appears on your driver's license (or the ID you will present at the testing center), and is what will appear certificate and card upon successful completion of the examination.

First Name: -
Last Name: -
Middle Initial:
Suffix: None ▾
Address: -
City: -
State: Please choose a State ▾ -
ZIP Code: -
County: Please choose a County ▾ -
Region: Please choose a Region ▾ -
Birth Date: (MM/DD/YYYY) -
Phone Number: - - (XXX-XXX-XXXX)
SSN: -
Level: Please choose a level ▾ -
Gender: Please choose a gender ▾ -
Education Level: Please choose an education level ▾ -
Race: Please choose a race ▾ -
Certification Class Number: -
Certification Number:
Valid: No ▾
Accommodation: No ▾

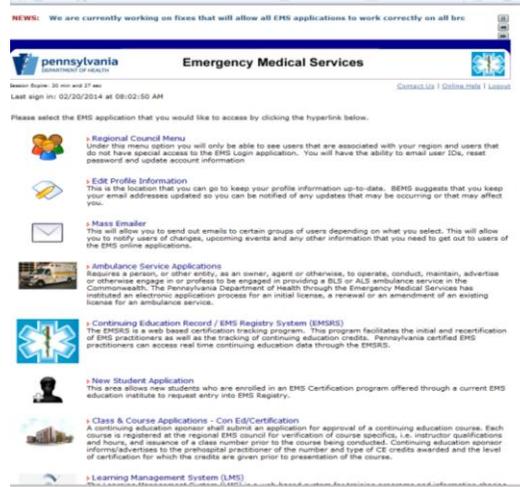
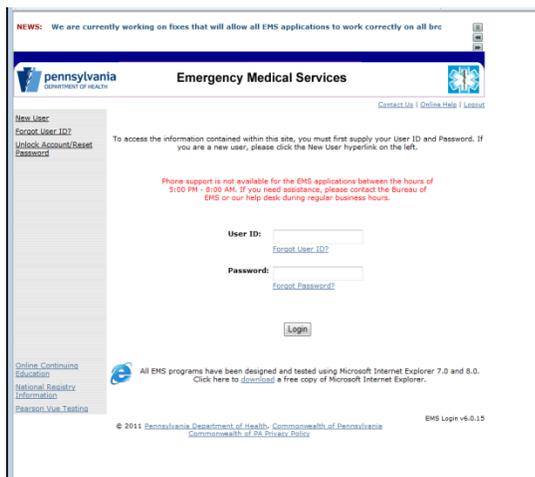
Submit Cancel

| Code | Level |
|---------|--|
| AATR | Ambulance Attendant to EMR transition |
| RECIPRO | Reciprocity |
| RENEW | Certification Renewal |
| PHRN | Pre-Hospital Registered Nurse |
| EMSVO | Emergency Medical Service Vehicle Operator |
| PHYS | Physician |
| PHPE | Prehospital Physician Extender |
| PHPE | Prehospital Physician |
| MED CMD | Medical Command Physician |
| | |

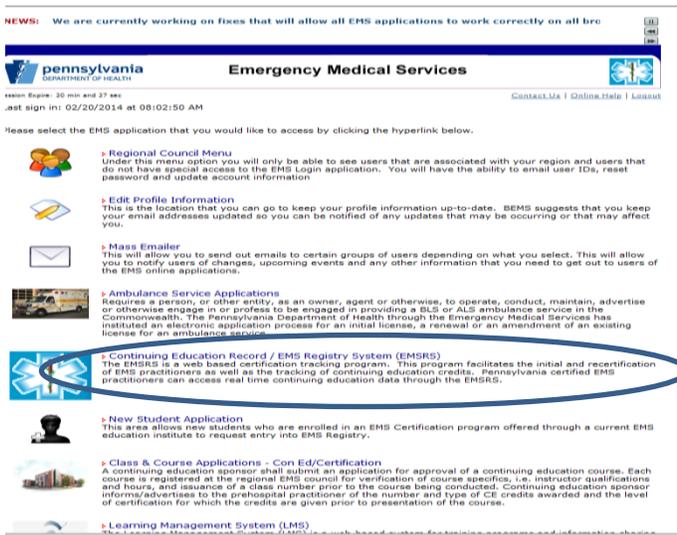
NATIONAL REGISTRY SUBMISSIONS QUEUE

The steps outlined below are for Regional Council processing of national registry examination results that are populated in the Regional EMS Council “National Registry Submissions” queue. When these results are processed using the steps below the candidates will then be certified.

Step 1, go to <https://ems.health.state.pa.us/emsportal> and log in using your EMS portal log in. This page is known as the EMS Application page or EMS Portal.



Step 2, Find the blue star of life and then left click on, “Continuing Education Record / EMS Registry System (EMSRs)” also known as the EMS portal. By clicking on this link you will enter the EMS portal also known as your queues as shown below.



NEWS: Welcome to the PA EMS Login page, this is a test

pennsylvania
DEPARTMENT OF HEALTH

Emergency Medical Services

Home | EMS Practitioner | Reports

Session Expires: 10 min and 54 sec

LogIn > Application List > Registry Home

Queue Summary - EHS Federation, Inc.
Thursday, February 20, 2014

| Import Problems | 22 | Output | 69 |
|------------------------------|----|-------------------------------|----|
| Con-Ed | 4 | Certificates | 23 |
| NR | 0 | Certification Letters | 18 |
| Student Application | 8 | Failure Letters | 2 |
| Test Results | 10 | Wallet Cards | 17 |
| | | CE Status | 0 |
| | | Instructor Expiration Letters | 0 |
| | | Instructor Renewal Letters | 9 |
| Approve Student Apps | 0 | National Registry Submissions | 1 |
| Certification By Endorsement | 0 | Instructor | 0 |

Application List 2/20/2014 6:32:59 AM Logout

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Step 3, Click on “National Registry Submissions” link (circled below). When clicking on this link you will then see your current submissions as pictured below on the right.

NEWS: Welcome to the PA EMS Login page, this is a test

pennsylvania
DEPARTMENT OF HEALTH

Emergency Medical Services

Home | EMS Practitioner | Reports

Session Expires: 10 min and 53 sec

Contact Us | Online Help | Logout

Login > Application List > Registry Home

Queue Summary - EHS Federation, Inc.
Thursday, February 20, 2014

| | | | |
|-------------------------------------|----|--------------------------------------|----|
| Import Problems | 22 | Outfit | 69 |
| Conc Ed | 4 | Certificates | 23 |
| NR | 0 | Certification Letters | 18 |
| Student Application | 0 | Failure Letters | 2 |
| Test Results | 10 | Wallet Cards | 17 |
| | | CE Status | 0 |
| | | Instructor Expiration Letters | 0 |
| | | Instructor Renewal Letters | 0 |
| Approve Student Apps | 0 | National Registry Submissions | 1 |
| Certification By Endorsement | 0 | Invoc | 0 |

Application List 2/20/2014 8:33:59 AM Logout

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NEWS: Welcome to the PA EMS Login page, this is a test

pennsylvania
DEPARTMENT OF HEALTH

Emergency Medical Services

Home | EMS Practitioner | Reports

Session Expires: 20 min and 53 sec

Contact Us | Online Help | Logout

Login > Application List > Registry Home > Edit NR

| Submission Date | Name | Date of Birth | Street Address 1 | Street Address 2 | City | County | ZIP Code | |
|-----------------|------|---------------|------------------|------------------|------|--------|----------|--------|
| Edit 01/15/2014 | | | | | | | | Delete |

Application List 2/20/2014 9:45:59 AM Logout

Registry v

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Step 4, click on edit to open the record. Please note, in some cases you will find submissions for practitioners that are already certified in Pennsylvania. Please process those records just like any other submission. It will not affect the practitioner’s certification. Do not delete those records unless you are 100% sure that this is a duplicate submission

NEWS: Welcome to the PA EMS Login page, this is a test

pennsylvania
DEPARTMENT OF HEALTH

Emergency Medical Services

Home | EMS Practitioner | Reports

Session Expires: 20 min and 53 sec

Contact Us | Online Help | Logout

Login > Application List > Registry Home > Edit NR

| Submission Date | Name | Date of Birth | Street Address 1 | Street Address 2 | City | County | ZIP Code | |
|-----------------|------|---------------|------------------|------------------|------|--------|----------|--------|
| Edit 01/15/2014 | | | | | | | 26541 | Delete |

Application List 2/20/2014 9:45:59 AM Logout

Registry v

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Commonwealth of PA Privacy Policy

Step 5, View the record and take note of the level and the training site code. In the example viewed below, this practitioner has taken the Paramedic Assessment Exam. The two identifying factors are 1. The level is Paramedic and 2. The training site code is 999PA. The training Site code of 999 or 999PA will only show on an assessment examination. The only candidates that take these exams currently are PHRN candidates, EMT reinstatements and EMT candidates that are under 18 years of age. PHRN candidates will only take the Paramedic Assessment exam. EMT reinstatements and EMT candidates that are under 18 years of age will only take the EMT Assessment examination.

Home | EMS Practitioner | Reports
 Search Page: 20 min and 13 sec
 CONTACT US | ONLINE HELP | LOGOUT

Login > Application List > Registry Home > Edit NR

Edit National Registry -

NR EMT Number: 

Application Level: Paramedic

SSN:

Last Name:

First Name:

Middle Initial:

Street Address 1:

Street Address 2:

City:

State:

Zip: 26541

Region: ▼

Date Of Birth:

Gender: M

Special Condition: N

NREMT Expiration Date:

Training Site Code:  9999A

Course Date: 12/01/13

Refresher Date:

Exam Status: Failed

Exam Date: 12/23/13

Attempt Number: 1

Certification Class Number: *

Certification Number:

Submission Date: 1/15/2014 7:53:46 AM

Step 6, Enter the certification class number without the dashes.

PHRN certification class number will be the two digit year (14) the two digit level or code (40) three digit the class number will be entered as 1440003. (See Page # 62 for processing PHRNs)

EMT reinstatements will be entered as two digit year (14) the two digit level or code (71) and three digit region number (003). The certification class number 1471003 will be entered.

Additional codes can be found below. Reciprocities are not processed through the National Registry submissions queue.

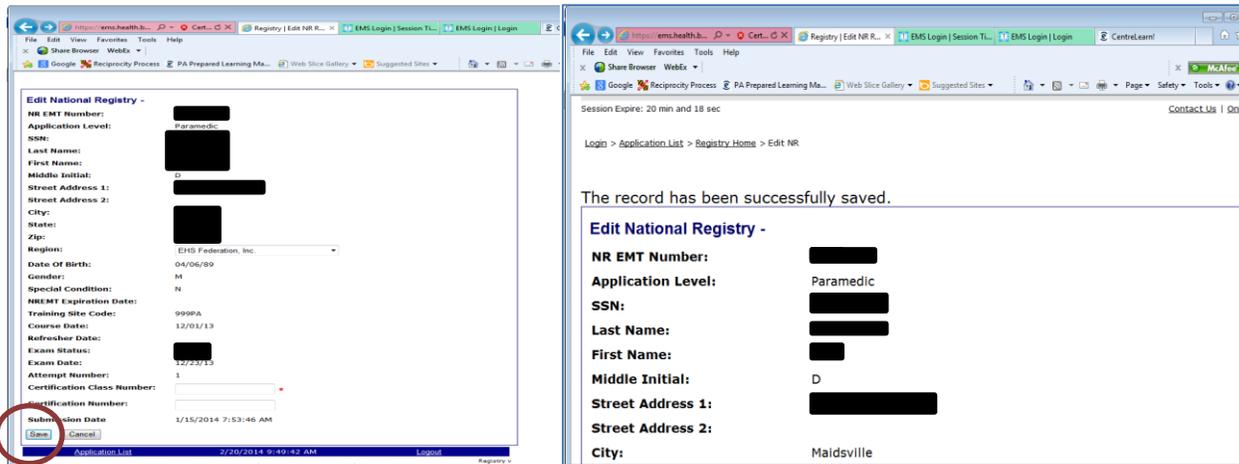
Certification Types

| | |
|----|---|
| 13 | EMR Reciprocity |
| 16 | Paramedic Reciprocity |
| 34 | EMT Reciprocity (Only use for initial certifications) |
| 37 | EMT Reciprocity with exam |
| 12 | EMR reinstatement |
| 32 | EMT reinstatement with exam |
| 71 | EMT reinstatement |
| 40 | PHRN Reinstatement/Certification |
| 66 | Pre-Hospital Physician Extender (Still being tested) |
| 46 | Physician |

Region Codes

| | |
|----------------------|----|
| Bucks | 10 |
| Chester | 11 |
| Delaware | 12 |
| Eastern | 02 |
| EHS Federation | 03 |
| EMSI | 04 |
| EMMCO East | 19 |
| EMMCO West | 18 |
| Northeastern | 05 |
| LTS | 07 |
| Montgomery | 13 |
| Philadelphia | 14 |
| Seven Mountains | 08 |
| Southern Alleghenies | 09 |
| Susquehanna | 15 |

Step 7, click on the Save as noted on the picture on the next page on the top left. Please note if you receive an error message **DO NOT CLOSE YOUR WEB BROWSER, CALL BEMS IMMEDIATELY**. If you cannot contact click on your back button or press on your “Backspace” button on the keyboard to go back to the previous screen. Remove the certification class number from the record and change the region to Bureau of Emergency Medical Services and click save. If you do not have the option to change the region, click on the save button. You will then see “The record has been successfully saved” appear at the top of the record as noted on the picture on the next page on the top right. This action will keep the record from processing and it will remain in your National Registry submissions queue.



Step 8, If the candidate has passed the record will then appear in your certifications queues. Before you print out certification materials go back and view the records to ensure that they have processed correctly.

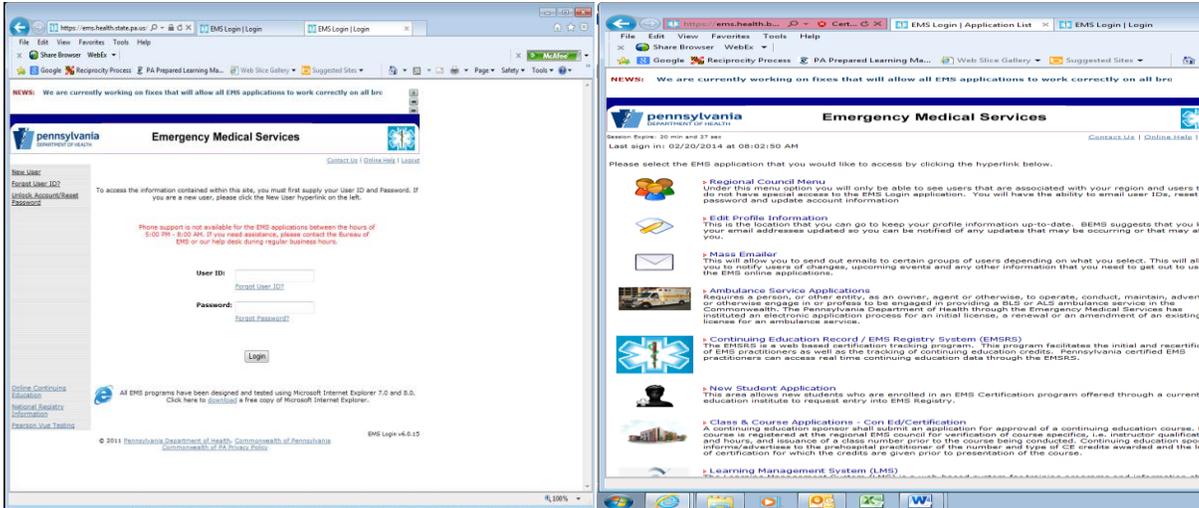
Common errors that have been found are as follows;

1. The system will certify the individual but the status remains “Expired”, the easy fix in this event is to change the status and annotate on the practitioners record that the NR submission processed incorrectly.
2. The system will certify the individual, the status is active but the issue and expiration dates did not change. You can change issue date but not the expiration date.
3. The system will certify the individual but the level will not change. This can resolved by changing the level and making a note on the record then click save.

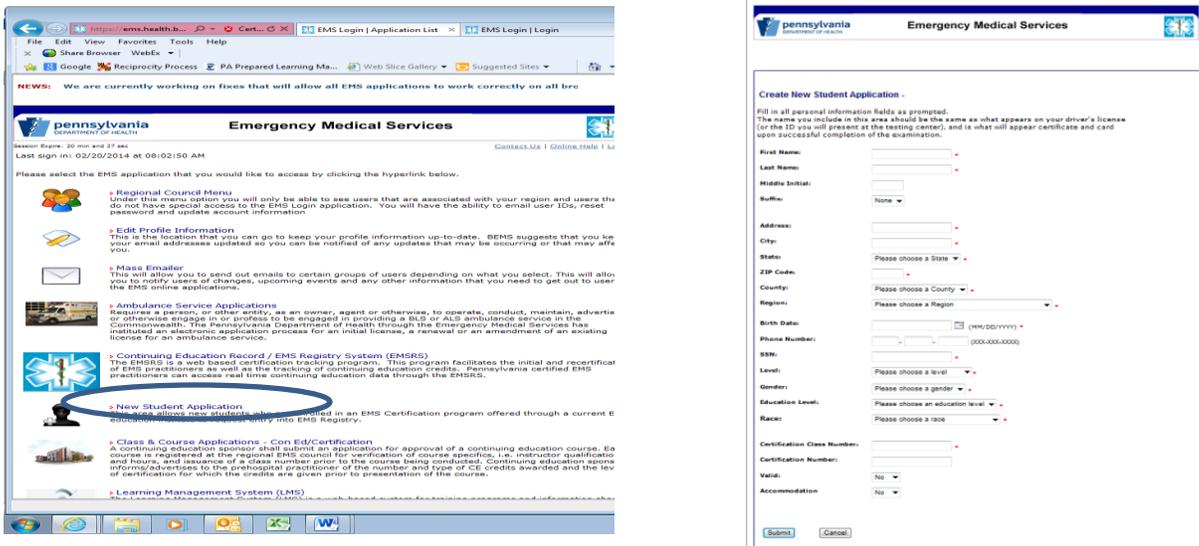
REGIONAL EMS OFFICE STUDENT APPLICATION PROCESSING

Step 1, go to the web page listed below and log in using your EMS Portal Log in and password.

<https://ems.health.state.pa.us/emsportal> This page is known as the EMS Application page or EMS Portal.



Step 2, Find “New Student Application” By clicking on this link you will enter the student application that can also be used for reciprocities. **This application is to be used in place of the dot form.** If you do not have the link for the student application contact BEMS.



Step 3, Complete the form down to and including certification class number then click submit. Students should enter the code specific to the purpose of the application. Refer to the code chart in the student instructions. Regional council staff will enter the appropriate certification class code.

https://ems.health.state.pa.us/EMSReg/Queue/EditStudentApp.aspx?id=NewStud...

File Edit View Favorites Tools Help

Share Browser WebEx

Google Reciprocity Process PA Prepared Learning Ma... Web Slice Gallery Suggested S

pennsylvania DEPARTMENT OF HEALTH **Emergency Medical Services**

Create New Student Application -

Fill in all personal information fields as prompted. The name you include in this area should be the same as what appears on your driver's license (or the ID you will present at the testing center), and is what will appear certificate and card upon successful completion of the examination.

First Name:
Last Name:
Middle Initial:
Suffix:
Address:
City:
State:
ZIP Code:
County:
Region:
Birth Date: (MM/DD/YYYY)
Phone Number: - - (XXX-XXX-XXXX)
SSN:
Level:
Gender:
Education Level:
Race:
Certification Class Number:
Certification Number:
Valid:
Accommodation:

Step 4, go to your queues and look for "Approve Student App" and open that queue.

https://ems.health.b... Cert... Registry | Home Registry | Search

File Edit View Favorites Tools Help

Share Browser WebEx

Google Reciprocity Process PA Prepared Learning Ma... Web Slice Gallery Suggested Sites

Page Safety Tools McAfee

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Home | EMS Practitioner | Reports

Session Expires: 10 min and 54 sec

CONTROL MENU | ONLINE HELP | LOGOUT

LEAD > APPLICATION LIST > Registry Home

Queue Summary - EHS Federation, Inc.

Thursday, February 20, 2014

| | | | |
|-----------------------------|----|--------------------------------------|----|
| Import Problems | 22 | Output | 69 |
| Con-Ed | 4 | Certificates | 23 |
| RR | 0 | Certification Letters | 18 |
| Student Application | 0 | Exams Letters | 2 |
| Test Results | 10 | Wallet Cards | 17 |
| | | CE Status | 0 |
| | | Instructor Expiration Letters | 0 |
| | | Instructor Renewal Letters | 9 |
| | | National Registry Submissions | 1 |
| Approve Student Apps | 0 | Instructor | 0 |
| Certification | 0 | | |

Application List 2/20/2014 8:33:59 AM Logout

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Step 5, view your student applications and open the first student application. Ensure everything is completed. ** Note a social security number that is already in the EMSRS or a Social Security Number with a prefix greater than 750 will not be accepted into the system. You will need to contact BEMS for processing.

Once you have received a National Registry submission with a level of Paramedic and training site code of 999PA for the given PHRN Student you can then click on approve (IF YOU HAVE NOT ALREADY ENTERED THE APPROPRIATE CERTIFICATION COURSE CODE, ENTER IT NOW) the **Certification Class Number for example the PHRN with 14(two digit year) 40 and three digit region code** then click approve.

The record will then appear in your endorsement queue. The 2 digit code following the year will be different for reciprocities and EMR transitions refer to the chart on the next page.

NEWS: Welcome to the PA EMS Login page, this is a test

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DEPARTMENT OF HEALTH

Emergency Medical Services

Home | EMS Practitioner | Reports | Administration

Session Expires: 20 min and 52 sec [Contact Us](#) | [Online Help](#) | [Logout](#)

Student Submitted Application Queue - Bureau of Emergency Medical Services

| Name | Address | Cert # | Level | Remove |
|--------------------|---|--------|-------|--------------------------|
| HOSKINS, RICHARD C | 4503 RACETRACK ROAD, SAINT THOMAS PA 17252 | | EMR | <input type="checkbox"/> |
| KOHLER, ROBERT E | 1340 CONEWAGO CREEK ROAD, MANCHESTER PA 17345 | | EMR | <input type="checkbox"/> |
| SILLY, SILLY | 3 HHH, PIT PA 17120 | | PHRN | <input type="checkbox"/> |
| SILLY, SILLY | 3 HHH, PIT PA 17120 | | PHRN | <input type="checkbox"/> |
| SMITH, KAYLA A | 355 BURKHOLDER ROAD, RED LION PA 17356 | | EMR | <input type="checkbox"/> |
| STONER, CYNTHIA M | 3990 NORTH ROHRBAUGH ROAD, SEVEN VALLEYS PA 17360 | | EMR | <input type="checkbox"/> |

100 records per page [Remove](#)

[First](#) [Prev](#) [Next](#) [Last](#)

Application List 2/21/2014 2:40:35 PM [Logout](#)

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Address: 3 HHH *
 City: PIT *
 State: Pennsylvania *
 ZIP Code: 17120 *
 County: 03 | Armstrong *
 Region: Bureau of Emergency Medical Services *
 Birth Date: 02/04/1955 (MM/DD/YYYY) *
 Phone Number: (XXX-XXX-XXXX)
 SSN: 585998712 *
 Level: 4 | PHRN *
 Gender: Male *
 Education Level: College Graduate *
 Race: Caucasian *
 Certification Class Number: 1440088 *
 Certification Number:
 Valid: No *
 Accommodation: No *
 Date Added: 2/21/2014 2:34:04 PM
 Date Modified: 2/21/2014 2:34:04 PM
 Modified By:

Application List 2/21/2014 2:42:32 PM [Logout](#)

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Approve Student Submitted Application -

First Name: SILLY *
 Last Name: SILLY *
 Middle Initial:
 Suffix: None *
 Address: 3 HHH *
 City: PIT *
 State: Pennsylvania *
 ZIP Code: 17120 *
 County: 03 | Armstrong *
 Region: Bureau of Emergency Medical Services *
 Birth Date: 02/04/1955 (MM/DD/YYYY) *
 Phone Number: (XXX-XXX-XXXX)
 SSN: 585998712 *
 Level: 4 | PHRN *
 Gender: Male *
 Education Level: College Graduate *
 Race: Caucasian *
 Certification Class Number: PHRN *
 Certification Number:
 Valid: No *
 Accommodation: No *
 Date Added: 2/21/2014 2:34:04 PM
 Date Modified: 2/21/2014 2:34:04 PM

NEWS: Welcome to the PA EMS Login page, this is a test

pennsylvania
DEPARTMENT OF HEALTH

Emergency Medical Services

Home | EMS Practitioner | Reports | Administration

Session Expires: 20 min and 51 sec [Contact Us](#) | [Online Help](#) | [Logout](#)

[Login](#) > [Application List](#) > [Registry Home](#)

Queue Summary - Bureau of Emergency Medical Services

Friday, February 21, 2014

| Import Problems | 2 | Output | 27 |
|------------------------------|---|-------------------------------|-----|
| Con-Ed | 2 | Certificates | 2 |
| NR | 0 | Certification Letters | 7 |
| Student Application | 0 | Failure Letters | 0 |
| Test Results | 0 | Wallet Cards | 7 |
| | | CE Status | 11 |
| | | Instructor Expiration Letters | 0 |
| | | Instructor Renewal Letters | 0 |
| Approve Student Apps | 6 | National Registry Submissions | 124 |
| Certification By Endorsement | 1 | Instructor | 0 |
| Accommodation | 2 | Criminal History | 0 |

Application List 2/21/2014 2:40:31 PM [Logout](#)

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Commonwealth of PA Privacy Policy [Registry v](#)

Certification Types

| Code | Level |
|------|---|
| 13 | EMR Reciprocity (Use for AA to EMR Transition) |
| 16 | Paramedic Reciprocity |
| 34 | EMT Reciprocity (Only use for initial certifications) |
| 37 | EMT Reciprocity with exam (Use for Reciprocity) |
| 12 | EMR reinstatement |
| 32 | EMT reinstatement with exam |
| 71 | EMT reinstatement |
| 40 | PHRN Reinstatement/Certification |
| 66 | PHPE |
| 46 | Physician |
| 46 | Medical Command Physician |

Region Codes

| County | County Code |
|----------------------|-------------|
| Bucks | 10 |
| Chester | 11 |
| Delaware | 12 |
| Eastern | 02 |
| EHS Federation | 03 |
| EMSI | 04 |
| EMMCO East | 19 |
| EMMCO West | 18 |
| Northeastern | 05 |
| LTS | 07 |
| Montgomery | 13 |
| Philadelphia | 14 |
| Seven Mountains | 08 |
| Southern Alleghenies | 09 |
| Susquehanna | 15 |

EMS PROVIDER CERTIFICATION APPLICATION



pennsylvania
DEPARTMENT OF HEALTH

Bureau of Emergency Medical Services

Emergency Medical Services
Provider Certification
Application

(Please print legibly)

SECTION A – PERSONAL INFORMATION

| | | | |
|--|------------------------------|---------------|--------------------------|
| Last Name (include Middle Name, if applicable) | First Name | Middle Name | Suffix (Jr, Sr, II, III) |
| Mailing Address | City | State | Zip Code |
| Home Telephone Number () | Work Telephone Number () | Email Address | |

| | | |
|----------------|---------|----------|
| Date of Birth: | Gender: | Country: |
|----------------|---------|----------|

Have you held or are you currently holding and/or requesting any of the following certification levels?

| | | | |
|-------------------------------|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | First Responder/Ambulance Attendant (FR/AA) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Emergency Medical Responder (EMR) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Emergency Medical Technician (EMT) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Advanced Emergency Medical Technician (AEMT) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Paramedic (P) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Pre-Hospital Registered Nurse (PHRN) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Pre-Hospital Physician Extender (PHPE) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Pre-Hospital EMS Physician (PHP) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Other _____ | <input type="checkbox"/> Requesting |

EMS Educational Institute Previously Attended:

| | | | |
|-------------------------|----------------|-------|----------|
| Mailing Address | City | State | Zip Code |
| Telephone Number () | Dates Attended | | |
| | Country | | |

EMS Educational Institute Enrolling in or Currently Attending:

| | | | |
|-------------------------|--------------|-------|----------|
| Mailing Address | City | State | Zip Code |
| Telephone Number () | Country | | |
| | Class Number | | |

EMS Certifications Previously Held Or Currently Held In Other States:

Provider Level: _____ Cert Number: _____ State: _____ Exp Date: _____

Provider Level: _____ Cert Number: _____ State: _____ Exp Date: _____

Provider Level: _____ Cert Number: _____ State: _____ Exp Date: _____

NREMT Level: _____ Cert Number: _____ Exp Date: _____

Copy of current certification card(s) shall be attached.

Name _____
Last First MI

| | |
|---|-------------------|
| 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 on probation/parole? <input type="checkbox"/> Yes Date of completion: _____ <input type="checkbox"/> No | |
| Name of Probation/Parole Officer: | Telephone Number: |
| City/County/State of probation/parole? | |
| Date of projected date of completion of probation/parole? | |
| Were you previously on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of former Probation/Parole Officer: | Telephone Number: |
| Was court ordered counseling classes/education part of your probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below) | |
| Type of court ordered sessions: | |
| Are you going to counseling voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below) | |
| Type of voluntary sessions: | |
| Name of Counselor: | Telephone Number: |
| Date or projected date of successful completion of counseling classes: | |

Section C - Emergency Medical Services Vehicle Operator (EMSVO) Applicant Only

Within the past 4 years, has your driver's license been suspended or revoked? Yes No
If yes, attach your official state driving history record. If Pennsylvania resident, a driving history record can be obtained on-line at:
https://www.dot3.state.pa.us/driver_services/dllogin.jsp#top?20140106080749380=20140106080749380

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

Reciprocity Candidates:

All applicants for EMS certification reciprocity are required to submit proof of affiliation with a PA licensed EMS agency, criminal history documentation and a driving history record from current state of certification. Incomplete applications will not be evaluated or processed. Applicants without proof of affiliation will have 120 days from the application date to provide documented proof of affiliation with a PA licensed EMS agency.

SECTION D – DISCIPLINARY ACTION DISCLOSURE

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? Yes No (If yes, provide circumstances of the disciplinary action):

SECTION E – SOCIAL SECURITY NUMBER DISCLOSURE

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

Name _____
 Last First MI

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 2803 of the State Government Code, 71 P.S. § 2803, 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.

If you do not have a Social Security Number, you must complete the attached "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.

| Name (as it appears on card) | Social Security Number |
|------------------------------|------------------------|
| | |

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 card) | Address (as it appears on card) | Number |
|------------------------------|---------------------------------|--------|
| | | |

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 induces 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.

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 to do so. I understand that if I am denied certification or have disciplinary sanctions imposed against me by the Department I 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.

 Printed Name Signature Date

Name _____
Last First MI

WAIVER OF SOCIAL SECURITY NUMBER
VERIFICATION STATEMENT

Certification Level:

- First Responder/Ambulance Attendant (FR/AA)
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Paramedic (P)
- Pre-Hospital Registered Nurse (PHRN)
- Pre-Hospital Physician Extender (PHPE)
- Pre-Hospital EMS Physician (PHP)
- Other _____

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 (see application form, Section E) as soon as it is obtained. Further, I understand that I will not be permitted to renew 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.

Signature

Date

Name _____
Last First MI



STUDENT RELEASE AND CONSENT FORM

RELEASE STATEMENT:

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) _____.

Applicant Signature _____ Date _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date _____

PARENTAL PERMISSION FOR CERTIFICATION EXAMINATION PARTICIPATION

(TO BE COMPLETED BY A PARENT/GUARDIAN OF APPLICANT(S) WHO ARE AT LEAST 18, BUT NOT YET 18 YEARS OF AGE.)

I hereby give permission for _____ (Legal Name of Applicant) to participate in state recognized certification examinations conducted by a PA Accredited EMS Educational Institute.

I understand the Pennsylvania Department of Health is not authorized to provide travel, medical, or health insurance to students. I also understand my child may be exposed to infectious diseases, and physically strenuous and/or hazardous environments.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date _____

Name _____
Last First MI



EMS AFFILIATION VERIFICATION
(For PA Reciprocity ONLY)

Applicant Legal Name: _____ Last four digits of SSN: _____

1. PA LICENSED EMS AGENCY VERIFICATION (This section shall be completed by the principal official of requesting EMS Agency)

Agency letterhead and covering candidate's approval for employment or volunteer affiliation shall be attached.

Current Pennsylvania EMS Agency Affiliation Identification number

Name: _____ County: _____

I certify that the candidate named on this form has been offered employment or a volunteer position pending issuance of a Pennsylvania EMS Provider Certification and will be providing care with this EMS Agency.

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Day Telephone: (____) _____
Email Address: _____

2. PENNSYLVANIA ACCREDITED EMS EDUCATIONAL INSTITUTE VERIFICATION (This section SHALL be completed by the approved verifying authority representative for all candidates not desiring affiliation with a Pennsylvania Licensed EMS Agency)

ACCREDITED ALS EDUCATIONAL INSTITUTE ACCREDITED ELS EDUCATIONAL INSTITUTE

National Accreditation #: _____ State Accreditation #: _____

I certify that the candidate named on this form is affiliated with a recognized and accredited Pennsylvania EMS Educational Institute.

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Day Telephone (____) _____
Email address: _____

3. MEDICAL DIRECTOR VERIFICATION (This section shall be completed by the approved verifying agency representative for all candidates)

I certify that the candidate named on this form has met all local and state eligibility requirements in order to pursue Pennsylvania EMS Provider Certification with the intent to function in the EMS Agency Program of which I am the Medical Director.

Medical Director
Signature: _____ Date: _____

Printed Name: _____ Day Telephone (____) _____
Email Address: _____

4. APPLICANT SIGNATURE (I understand that ALL information on this form is correct to the best of my knowledge, and is subject to verification. Failure to meet any requirements may serve as grounds of ineligibility for certification.)

Applicant's signature: _____ Date: _____

FAQS FOR EMS PROVIDER CERTIFICATION APPLICATION

Section A:

Demographics

Enter your complete information in the line UNDER the title up through the email address.

- Gender: Enter Male/ Female
- Country: Enter your country of birth

Certification levels

Please complete all that apply for held/current or requesting certification levels.

- Requesting is the level you are currently receiving education for or attempting to complete.
 - EMS Instructors - complete the OTHER line for certification in addition to your certification level
 - Medical Command Physicians – complete the OTHER line

EMS Educational Institutes

- Previously Attended: Is the school in which you received your EMS certification.
- Enrolling in or currently attending: The school you MAY be attending for a NEW or upgraded certification level.

EMS Certifications Previously Held or Currently Held In Other States

- These include all EMS certifications in PA and out of PA.

Criminal History Initial Question

AA to EMR transition candidates, **DO NOT** complete:

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

Section B - Criminal Convictions

AA to EMR transition candidates, **DO NOT** complete this entire section.

ALL other candidates **MUST** complete and submit the required documentation.

Section C- EMSVO

AA to EMR transition candidates, **DO NOT** complete this section.

All new students, reinstatement, reciprocities and persons attempting to become an EMSVO **MUST** complete.

Section D – Disciplinary Action Disclosure

AA to EMR transition candidates, **DO NOT** complete this section

Waiver of Social Security Number

Should be completed by

- Persons without a number
- Persons with student or work Visas that have not completed the citizenship process

Student Release and Consent Form

Should be completed by

- ALL New students that do NOT have an EMS certification
- ALL students that are attempting to upgrade their certification level

Parental Permission

Needs completed for all applicants who are least 16, but not yet 18 years of age.

EMS Affiliation Verification

Should be completed for PA Reciprocity ONLY

**Bureau of Emergency Medical Services
CERTIFICATION RETEST MATRIX**

PA EMS System Act 2009-37 – Aug. 18, 2009, P.L. 308, No. 37, § 8113 thru § 8120

(Requirements for EMR, EMT, AEMT, P, PHRN, PHPE Candidates. PHP=Practical Only)

Effective 04/10/2014

First Examination Attempt Within 1 Year After Training Program Completion Date

Updated 04/06/14

| UNSUCCESSFUL / FAILED ATTEMPT | PRACTICAL / PSYCHOMOTOR SKILLS EXAM <i>Candidate Must Retest All-or-None Fashion</i> | WRITTEN or COMPUTER BASED COGNITIVE EXAM <i>NREMT Mandatory 14 Day Wait Between Attempts</i> |
|---|--|--|
| After 1st Attempt | Candidate coordinates with PA Regional EMS Council office of residence to schedule and repeat specific unsuccessful skill(s)/Examination. | Candidate registers with NREMT at www.nremt.org and schedules exam date, time, and location with Pearson-Vue Testing Center at www.pearsonvue.com to repeat Computer Based Test (CBT) cognitive exam. Candidate also coordinates with PA Regional EMS Council office of residence for permission to test. |
| After 2nd Attempt | | |
| After 3rd Attempt | Candidate schedules and successfully completes a "hands-on" remedial course approved by the department * or repeats the EMS provider training program in its entirety. Candidate must take the entire psychomotor exam | Candidate schedules and successfully completes a refresher course approved by the department* or repeats the EMS provider training program in its entirety. |
| After 4th Attempt | Candidate coordinates with PA Regional EMS Council office of residence to schedule and repeat specific unsuccessful skill(s)/Examination. | Candidate registers with NREMT at www.nremt.org and schedules exam date, time, and location with Pearson-Vue Testing Center at www.pearsonvue.com to repeat Computer Based Test (CBT) cognitive exam. Candidate also coordinates with PA Regional EMS Council office of residence for permission to test. |
| After 5th Attempt | | |
| After 6th Attempt <i>Candidate receives no credit for previous successful examinations.</i> | Candidate must re-register for and successfully repeat the EMS provider training program in its entirety, with a PA (BLS) or CAAHEP (ALS) Accredited EMS Educational Institute. | Candidate must re-register for and successfully repeat the EMS provider training program in its entirety, with a PA (BLS) or CAAHEP (ALS) Accredited EMS Educational Institute. |
| <i>All examination attempts must occur within two (2) years from initial EMS provider training program completion date.</i> | | |

| | | |
|---|--|---|
| <p><i>*Department approved "hands-on" remediation and refresher courses may be offered at the appropriate EMS provider level by any of the following →</i></p> <p><i>Candidates must be updated to new standard changes, if any, prior to re-examination.</i></p> | <p>“Hands-on” Remediation Instructed By:</p> <ul style="list-style-type: none"> • PA EMS agency medical director of a licensed PA EMS agency -OR- • PA certified pre-hospital emergency medical services physician of a licensed PA EMS agency -OR- • PA recognized EMS Instructor-Trainer -OR- • PA certified EMS Instructor | <p>Refresher Course(s):</p> <ul style="list-style-type: none"> • National EMS Education Standards appropriate EMS provider level refresher course or training program, by a Pennsylvania (BLS) Accredited or CAAHEP (ALS) Accredited EMS Educational Institute, or one that is actively seeking CAAHEP Accreditation and currently holds a valid Letter of Review (LOR) Status. To verify CAAHEP Accreditation = www.caahep.org Emergency Medical Technician - Paramedic State: (Pennsylvania) Search in: Accredited and Letter of Review Degree/Credential: (All categories & Search). |
|---|--|---|

PA RECOGNIZED UPDATES & TRANSITIONS
01/22/2014

| CERTIFICATION LEVEL | PA DOH COURSE # | COURSE TITLE | COURSE OWNER | APPROVAL BASIS | FORMAT | CREDIT HOURS M/T O |
|--|------------------------------------|---|---------------------------------------|---|--|-----------------------|
| First Responder (FR) To Emergency Medical Responder (EMR) | 006372 | High-Functioning CPR Team: Science Lecture | PA DOH | PA Protocol Update (REQUIRED) | Online LMS (Free of Charge) www.paprepared.net | 1.5 0.0 |
| | 006565 | First Responder to EMR Transition Program | PA DOH | PA Update | Online LMS (Free of Charge) www.paprepared.net | 1.0 0.0 |
| | 006906 | Cardio Cerebral Resuscitation | PA DOH | PA Update (Suggested) | Online LMS (Free of Charge) www.paprepared.net | 0.5 0.0 |
| Emergency Medical Technician- Basic (EMT-B) To Emergency Medical Technician (EMT) | 006372 | High-Functioning CPR Team: Science Lecture | PA DOH | PA Protocol Update (REQUIRED) | Online LMS (Free of Charge) www.paprepared.net | 1.5 0.0 |
| | 006400 | EMT Transition Course; Bridging Gap to New Ed Standards | Emergency Training Associates, Inc. | National Education Standards | Classroom (Fee Assessed) www.emergencytraining.pro | 28.0 5.0 |
| | 006401 | EMT Transition Course: Bridging Gap to New Ed Standards Online Course | Emergency Training Associates, Inc. | National Education Standards | Online (Fee Assessed) www.emergencytraining.pro | 28.0 7.0 |
| | 006402 | EMT-B to EMT Transition Course | Emergency Training Associates, Inc. | PA Update | Online (Fee Assessed) www.emergencytraining.pro | 13.0 3.0 |
| | 007227 | EMT-B to EMT Transition Course | Chester County EMS Training Institute | PA Update | Classroom (Fee Assessed) (610) 496-8315 | 18.0 6.0 |
| | 006452 | EMT-B to EMT Transition Course Online Course | Emergency Training Associates, Inc | Fulfills NREMT Requirement | Online (Fee Assessed) www.emergencytraining.pro | 24.0 2.0 |
| | 006906 | Cardio Cerebral Resuscitation | PA DOH | PA Update (Suggested) | Online LMS (Free of Charge) www.paprepared.net | 0.5 0.0 |
| | 006920 | EMT-B to EMT Transition Course | Distance CME | Fulfills NREMT Requirement | Online (Fee Assessed) www.distancecme.com | 24.0 0.0 |
| | 007125 | EMT-B to EMT Transition | Emerge Public Safety LLC | Fulfills NREMT Requirement | Classroom (Fee Assessed) www.emergpublicsafety.com | 24.0 0.0 |
| 007199 | EMT Basic to EMT Transition Course | FISDAP | Fulfills NREMT Requirement | Online (Fee Assessed) www.fisdap.net | 15.5 9.0 | |

| CERTIFICATION LEVEL | PA DOH COURSE # | COURSE TITLE | COURSE OWNER | APPROVAL BASIS | FORMAT | CREDIT HOURS M/T O |
|---|-----------------|--|---------------------------|--|---|-----------------------|
| Emergency Medical Technician-Paramedic (EMT-P) To Paramedic (P) (Acceptable for PHRN's) | 006372 | High-Functioning CPR Team: Science Lecture | PA DOH | PA Protocol Update (Required) | Online LMS (Free of Charge) www.paprepared.net | 1.5 0.0 |
| | 006554 | NREMT-P to NRP Bridge Program | Distance CME | Fulfills NREMT Requirement With 48hr Refresh | Online (Fee Assessed) www.distancecme.com | 48.0 0.0 |
| | 006568 | EMT-P to Paramedic NREMT Refresher | PA DOH | Fulfills NREMT Requirement | Classroom (Free of Charge) (Template) | 48.0 2.0 |
| | 006906 | Cardio Cerebral Resuscitation | PA DOH | PA Update (Suggested) | Online LMS (Free of Charge) www.paprepared.net | 0.5 0.0 |
| | 007174 | FISDAP Paramedic Transition Course | FISDAP | Fulfills NREMT Requirement | Online (Fee Assessed) www.fisdap.net | 11.5 10.5 |
| | 007175 | PA EMT-P to P Transition Module A | PA DOH | PA Update | Online LMS (Free of Charge) www.paprepared.net (Available soon) | 2.5 0.0 |
| | 007176 | PA EMT-P to P Transition Module B | PA DOH | PA Update | Online LMS (Free of Charge) www.paprepared.net (Available soon) | 2.0 0.0 |
| | 007177 | PA EMT-P to P Transition Module C | PA DOH | PA Update | Online LMS (Free of Charge) www.paprepared.net | 2.5 0.0 |
| | 007178 | PA EMT-P to P Transition Module D | PA DOH | PA Update | Online LMS (Free of Charge) www.paprepared.net | 3.5 0.0 |
| | 007228 | EMT-P to NRP Transition and refresher | SafeTec Training Services | Fulfills NREMT Requirement | Classroom (Proprietary) www.safetectraining.com | 26.0 0.0 |

| CERTIFICATION LEVEL | PA DOH COURSE # | COURSE TITLE | COURSE OWNER | APPROVAL BASIS | FORMAT | CREDIT HOURS M/T O |
|------------------------------|-----------------|--|------------------------------------|--|--|--------------------|
| EMS Instructor Courses | 004705 | NAEMSE Instructor Course | National Assoc of EMS Educators | National Guidelines for Educating EMS Instr.'s | Online (Fee Assessed) www.naemse.org | 0.0 40.0 |
| | 006367 | EMS Instructor Update 2012 | Philadelphia Fire Dept | National Education Standards | Classroom (Public Domain) Material Available (215) 685-4219 | 0.0 4.0 |
| EMS Evaluator/Examiner Cours | 006446 | EMS Evaluator 2012 Update | Brady Publishing | National Education Standards | Classroom (Proprietary) (201) 236-6807 | 0.0 2.5 |
| | 006652 | 2013 EMS Evaluator Update: NREMT BLS Psychomotor Skills Review | (Philadelphia EMS) | National Registry of EMT's Guideline | Classroom (Public Domain Free of Charge) Materials Available (215) 685-4219 | 0.0 2.0 |
| EMS Physician Courses | 006566 | EMS Agency Medical Director Course | Critical Illness Trauma Foundation | PA Requirement For those who have not completed either an EMS Fellowship Or NAEMSP 3 day or 1 day course. Others case by case basis. | Online (Free of Charge until 07/15/2014) www.medicaldirectoronline.org | 0.0 2.0 |
| | 006660 | Pennsylvania Physician Command Course | PA DOH | PA Requirement for new Physicians and Out of State Transfers | Online LMS (Free of Charge) www.paprepared.net Group: PA EMS Physicians | |

Note: Pennsylvania Department of health highly suggests but does not specifically require a formal transition course at any EMS provider certification level. Transitions may occur through the EMS agency medical director responsible for competency verification relevant to all individual EMS providers certification level.

In addition to the Learning Management System (LMS) EMS online related courses offered free-of-charge through the Pennsylvania Department of Health, the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) recognized courses will be accepted by the Pennsylvania Department of Health as of January 01, 2014, in addition to preapproved third-party vendor related educational topics. Most online continuing education vendors assess a fee for their services.

Continuing Education Units may be secured via Pennsylvania recognized third-party vendors through online, video DVD, CD-ROM, magazines, etc.

SUPPLIES AND EQUIPMENT INSPECTION FORM



EMS Educational Institute Accreditation Equipment & Supplies Inspection Form

EMS Educational Institute Legal Name

Date Inspected / Re-Inspected

County of Training Institute

PA Accreditation # / CAAHEP Accreditation #

Region #

Inspected/Re-Inspected By

Types of programs Conducted:

- EMR
 EMT
 AEMT
 Paramedic
 BLS ONLY
 ALS ONLY
 ALS and BLS

The following equipment is based on 24 students per class. Student to instructor ratio for equipment and supplies is 6:1, unless otherwise indicated. Multiple courses being held simultaneously require additional documentation from the EMS Education Institute.

1. A Pennsylvania Accredited (which would therefore also encompass a nationally accredited) EMS Educational Institute must have all equipment/supplies as required and agreed upon to initially become and continue as per updated requirements as an EMS Educational Institute.
2. Satellite sites with not more than 20 students must have all appropriate equipment/supplies on-site for the particular session that is being covered on a specific date, time and location, and is indicated and necessary for instructor demonstration and/or student practical skills session, whatever is appropriate.
3. Additionally, sufficient equipment/supplies for practical skills that were already covered, i.e. CPR Manikins for example in addition to other equipment/supplies, need to be available in adequate numbers to assure on-going student practice of items already covered, in addition to the current topic, as the course progresses. While as many manikins (or quantity of certain equipment/supplies) that were initially required for sufficient exposure and practice may not be necessary, this will assure that all students have an adequate opportunity to continually practice what they have already learned in order to better prepare them for their upcoming psychomotor examination and more importantly for serving in the field.
4. Spot inspections can and will occur at any Pennsylvania Accredited EMS Educational Institute and/or satellite sites when and where decided to proactively assure proper instructional staff and equipment/supplies compliance.

A BLS EMS Education Institute that is requesting to instruct AEMT courses must have sufficient supplies to meet the psychomotor skills for that level within the National AND State Scope of Practice. Equipment listed in BLUE, bold and italicized is for ALS Paramedic programs. ALL other equipment is mandatory for BLS Institutes.

List edited

3/25/2014

Airway/Breathing

| Equipment Item | Required Quantity | # of Excellent Units | # of Good Units | # of Fair Units | Comments: |
|--|-------------------|----------------------|-----------------|-----------------|--------------------|
| <i>Advanced Airway Adjuncts:</i> | | | | | |
| Airway/ (King LT,LMA, etc) supraglottic | 2 | | | | |
| Airway/esophageal (2.5 mm to 9.0 mm) | 1 | | | | |
| Cricothyrotomy Kit | 2 | | | | 1:24 students |
| Cricothyrotomy O2 Delivery System | 1 | | | | 1:24 students |
| Gastric decompression-NG tube | 1 | | | | 1:24 students |
| <i>Intubation Roll or Kit: There should be 2 intubation rolls or kits with each of the items listed below.</i> | | | | | |
| Intubation Roll or Kit | 2 | | | | |
| Glidescope/ T-MAC device or Similar (not required but note if available) | | | | | 1:24 students |
| Laryngoscope Handle | 2 | | | | |
| blades for Adult and Pediatric, both Miller and Mac | Sufficient | | | | |
| variety cuffed/uncuffed ET tubes | Sufficient | | | | |
| 10 cc syringe | 1 | | | | |
| Adult/Pediatric Stylets | 1 | | | | |
| Adult/Pediatric McGill Forceps | 1 | | | | |
| ET Tube Holder/ Commercial | 2 | | | | |
| 1" Tape | 2 | | | | |
| KY Jelly Type lubricant | Sufficient | | | | |
| Silicone lubricant | 2 | | | | |
| <i>Oxygen Delivery Equipment:</i> | | | | | |
| Oral Airway Kit sizes 0 through 5 | 4 | | | | |
| Nasal Airway Kit at least 1 -16-24 fr and 1 26-34 fr. | 2 | | | | |
| esophageal-trachea airway (all sizes) | 2 | | | | |
| Multi-Lumen Airway (all sizes) | 2 | | | | |
| O2 Case or bag | 4 | | | | |
| Non-Rebreather Mask (adult and peds) | 4 | | | | |
| Venturi mask and Tracheostomy mask | 2 | | | | |
| Nasal Cannula (adult and peds) | 4 | | | | |
| O2 Tubing | 4 | | | | |
| Adult Bag Valve Mask | 4 | | | | |
| Child/Infant Bag Valve Mask | 4 | | | | 1:12 student ratio |
| O2 Bottles (filled) (size "D" or "E") | 4 | | | | |
| O2 Regulator (capable of 25Lpm or >) and 50 psi connector | 4 | | | | |
| O2 Regulator Demand Valve | 1 | | | | |
| Flow-restricted Demand Valve | 1 | | | | |
| O2 Keys, Spare "o" rings (non-sparking wrench) | Sufficient | | | | |

| | | | | | |
|---|---|--|--|--|--------------------|
| Pocket Mask (w/One way valve & O2) | 4 | | | | |
| O2 Humidifier | 1 | | | | 1:24 student ratio |
| sterile water of Normal saline for the humidifier | 1 | | | | |
| <i>CPAP/BiPAP unit (mandatory for ALS Inst)</i> | 1 | | | | 1:24 student ratio |
| <i>CPAP/BiPAP circuits with various size masks</i> | 1 | | | | |
| <i>Suction Equipment:</i> | | | | | |
| Battery Operated Suction Unit/ capable of 300 mm/hg in 4 sec. | 2 | | | | 1:12 student ratio |
| Charger for suction unit | 2 | | | | 1:12 student ratio |
| Suction Catheter Rigid Tip | 2 | | | | 1:12 student ratio |
| Suction Catheter French Tip (must have sizes 6 through 16) | 2 | | | | 1:12 student ratio |
| Meconium Aspirator | 1 | | | | 1:12 student ratio |
| Suction Tubing/ wide bore | 2 | | | | 1:12 student ratio |
| V-Vac, Bulb Syringe, Other non-powered suction device | 1 | | | | 1:12 student ratio |
| <i>Other equipment:</i> | | | | | |
| <i>Positive Pressure ventilation</i> | | | | | |
| Automated Transport Ventilator Unit | 1 | | | | 1:12 student ratio |
| Manually-Triggered Ventilator | 1 | | | | 1:12 student ratio |
| <i>Chest Decompression Kit</i> | 1 | | | | 1:12 student ratio |
| <i>Chest tube kit (for assist only and gravity devices)</i> | 1 | | | | 1:12 student ratio |

Cardiac

| Equipment Item | Required Quantity | # of Excellent Units | # of Good Units | # of Fair Units | Comments: |
|--|-------------------|----------------------|-----------------|-----------------|--------------------|
| <i>Cardiac Monitor Defibrillator *(12 lead capable)/synchronized cardioversion)</i> | 1 | | | | 1:12 student ratio |
| Automatic External Defibrillator ** | 1 | | | | |
| <i>Pacing/ Rhythm Generator</i> | 1 | | | | 1:12 student ratio |
| <i>End Tidal CO2 monitoring Capnography continuous waveform</i> | 1 | | | | 1:24 student ratio |
| <i>Thrombolytic/fibrinolytic initiation/ monitoring</i> | 1 | | | | 1:12 student ratio |

* - The cardiac monitor should have paddles or be hands off in nature. It should be capable of doing external pacing , cardioversion ,and monitor a minimum of 3 leads.(preferable 12 lead capable) There should be defibrillator pads, monitoring electrodes, paper and spare batteries in sufficient quantity and quality to provide a quality educational experience for the student. Can be monophasic or biphasic. There should be a central battery recharging system accessible at all times.

** - The AED should be either live or placebo in nature. If "live", it should have a training mode or a method of diffusing energy safely for training purposes (in accordance with manufacturers' recommendations. In accordance with PA DOH Policies, all AED's should be 2010 AHA Compliant OR the most recent approved version.

Patient Assessment

| Equipment Item | Required Quantity | # of Excellent Units | # of Good Units | # of Fair Units | Comments: |
|--|-------------------|----------------------|-----------------|-----------------|--------------------|
| Bag or Carrying case There should be 4 patient assessment kits, contain each of the items listed below. | | | | | |
| Bag or Carrying case | 4 | | | | |
| BP Cuff (manual) can have NIBP additional | 1 | | | | |
| Stethoscope | 1 | | | | |
| Dual "training" Stethoscope | 2 | | | | |
| Pen Lights | 1 | | | | |
| Unsterile dressings (3x3 or 4x4) | Sufficient | | | | |
| Sterile dressings (4x4, 8x10) | Sufficient | | | | |
| Lg. Trauma and Burn Dressings | Sufficient | | | | |
| Roller gauze or Kling (2" - 6") | Sufficient | | | | |
| Occlusive dressing | 1 | | | | |
| Pen and Documentation pad | 1 | | | | |
| Scissors (Trauma or Bandage) | 1 | | | | |
| Oral Glucose (single use tube) | 1 | | | | |
| Blood Glucose monitoring equipment | 1 | | | | |
| Cold Packs | 1 | | | | |
| Hot Packs | 1 | | | | |
| Alcohol preps (25 packets) | 1 | | | | |
| KY Jelly/ water soluble lubricant | 1 | | | | |
| Tongue blades | 1 | | | | |
| Adhesive tape (1" - 2") | Sufficient | | | | |
| Triangular Bandages (cravats) | 4 | | | | |
| Thermometer | 1 | | | | 1:12 student ratio |
| pulse oximeter (CO capable optional) | 1 | | | | |
| commercial tourniquet | 1 | | | | 1:12 student ratio |
| <i>Morgan Lens/ eye irrigation</i> | 1 | | | | 1:12 student ratio |
| | | | | | |
| | | | | | |

* - Each bag or carrying case should include the items listed below. Each item should be in good working order and of sufficient quality to be used in field work. There will be a total of 4 bags containing each of the items listed below.

| Equipment Item | Required Quantity | # of Excellent Units | # of Good Units | # of Fair Units | Comments: |
|----------------|-------------------|----------------------|-----------------|-----------------|-----------|
| | | | | | |

| | | | | | |
|---|---|--|--|--|---|
| Adult Intubation Manikin | 2 | | | | |
| Infant Intubation Manikin | 2 | | | | |
| Adult CPR (Torso or Full Manikin) (should have a manikin that can receive a defibrillation) | 2 | | | | should comply with recommendations 1:12 students |
| Child CPR (Torso or Full Manikin) | 2 | | | | should comply with recommendations 1:24 students |
| Infant CPR | 2 | | | | should comply with recommendations 1:12 students |
| Defibrillation Skin * | 2 | | | | |
| IV Arm | 2 | | | | |
| Obstetrical simulator | 1 | | | | 1:24 students |
| <i>Chest Decompression simulator</i> | 1 | | | | 1:24 students |
| <i>Cricothyrotomy simulator</i> | 1 | | | | 1:24 students |
| Combination (Code/Trauma) | 1 | | | | |
| IO Manikin (or other resource) | 1 | | | | |
| Additional: (list below) | | | | | |
| Dual "training" Stethoscope | 2 | | | | |
| Bottle of Nitroglycerin placebo ** | 4 | | | | |
| Nitroglycerin Spray placebo ** | 4 | | | | |
| Unit dose Auto - Injector Pen(s) simulator placebo **(for peer and self-administration) | 4 | | | | |
| Inhaler placebo ** | 4 | | | | |
| Oral Glucose (for demonstration) | 1 | | | | |
| Aspirin placebo | 1 | | | | |
| Football Helmet | 1 | | | | 1:24 students |
| Motorcycle or Bicycle Helmet | 1 | | | | 1:24 students |
| Moulage Kit w/ Supplies | 1 | | | | |
| Placebo Drug Kit ** | 1 | | | | |
| <i>indwelling catheters and implanted central IV port access</i> | 1 | | | | |
| Mechanical CPR device (optional) | 1 | | | | |
| * Defibrillation skin should be compatible with the Adult CPR Manikin and in good working order. Or a manikin that can receive a defibrillation. A High Fidelity Simulator can be in place, however a separate simulator must be available for any skill that the High Fidelity simulator cannot perform) | | | | | |
| ** Medication Placebo's should be clearly marked as not being intended for actual medication. The use of candy or breath freshener is encouraged to ensure safe handling. All appropriate precautions should be taken to ensure that no medication is actually capable of being delivered inadvertently. | | | | | |

| Equipment Item | Required Quantity | # of Excellent Units | # of Good Units | # of Fair Units | Comments: |
|--|-------------------|----------------------|-----------------|-----------------|--------------------|
| Obstetrical Kits - disposable | 4 | | | | |
| Skeleton | 1 | | | | 1:24 student ratio |
| Anatomical Charts or models (can be met with skeleton or slides as well) | 1 set | | | | 1:24 student ratio |
| TV and VCR/ DVD/ computer/ CD | 1 | | | | |
| Overhead and slide projectors/ LCD | 1 | | | | |
| Writing board surface(chalk, white or Smart-Board) | 1 | | | | |
| Videotapes/Films/Slides/ DVD and PowerPoint or CD | Sufficient | | | | |
| Other media adjuncts (describe type and number) | Sufficient | | | | 1:24 student ratio |
| Vehicle Rescue Tool Set(can be an agreement/ loaner) | 1 | | | | 1:24 student ratio |
| Stair Chair | 1 | | | | 1:24 student ratio |
| Orthopedic Stretcher | 1 | | | | 1:24 student ratio |
| Reeves Stretcher | 1 | | | | 1:24 student ratio |
| Wheeled Stretcher | 1 | | | | 1:24 student ratio |
| Bum Sheets | Sufficient | | | | 1:24 student ratio |
| Patient Care Reports/ or electronic based demo | Sufficient | | | | 1:24 student ratio |
| Length based pediatric tape approved by the DOH. | 1 | | | | 1:24 student ratio |
| Intranasal training supplies | 1 | | | | 1:24 student ratio |
| Emergency Response Guidebook | Sufficient | | | | |
| triage tags or system | 1 | | | | 1:24 student ratio |

* OB Kits should be commercially made and in good working order. Items such as cord clamps and ties should be in good working order (i.e.. Not clamped shut).

Immobilization

| Equipment Item | Required Quantity | # of Excellent Units | # of Good Units | # of Fair Units | Comments: |
|--|-------------------|----------------------|-----------------|-----------------|-----------|
| Long Spine Board (Plastic) | 4 | | | | |
| Short Spine board (KED /vest Type) can be any manufacture | 2 | | | | |
| Blankets (wool or cotton) | 8 | | | | |
| Pillows | 2 | | | | |
| Cervical Immobilization Devices (disposable and reusable) | 4 | | | | |
| 9' Straps (or 4 sets of spider straps) | 16 | | | | |
| Hare Traction type Splint (Adult) | 2 | | | | |
| Sager traction type splint | 1 | | | | |

| | | | | | |
|--|--------|--|--|--|----------------------------------|
| Adult PASG -optional (for splinting only) | 2 | | | | |
| Pediatric PASG -optional (for splinting only) | 1 | | | | |
| Pneumatic Splints (Air or Vacuum) | 2 sets | | | | 1:24 students |
| Rigid Splints (Board or Frac-Pak) | 2 sets | | | | 1:24 students |
| SAM Splints | 8 | | | | |
| Cervical Collars (size ranges) can be adjustable | 4 sets | | | | must be sized for all body types |

| Equipment Item | Required Quantity | # of Excellent Units | # of Good Units | # of Fair Units | Comments: |
|--|-------------------|----------------------|-----------------|-----------------|---|
| Winged Infusion needles | Sufficient | | | | |
| Catheter-Over needles and needless systems | Sufficient | | | | |
| IV Prep Kits | Sufficient | | | | |
| IV Administration Sets (10 gtt,15 gtt and 60 gtt) | Sufficient | | | | |
| IV Solutions (Variety of sizes and types) | Sufficient | | | | |
| Syringes (variety of sizes) | Sufficient | | | | |
| Syringes (1cc TB type) | Sufficient | | | | |
| Sterile Saline or Water | Sufficient | | | | |
| Medications (various) | Sufficient | | | | medications must be aligned with current National Education Standards for cert level and PA protocols |
| Vacutainer tubes/connector | Sufficient | | | | |
| Vacutainer Needles (variety) | Sufficient | | | | must be able to perform IM, IV and IO administration |
| Plastic Biohazard Containers | Sufficient | | | | |
| Tourniquets-disposable | Sufficient | | | | |
| Band-Aids | Sufficient | | | | |
| Alcohol Preps/ skin cleaning | Sufficient | | | | |
| IV Site Preps | Sufficient | | | | |
| Arm Boards | 2 | | | | |
| IV Site Holders | Sufficient | | | | |
| Nebulizer Unit with Saline Solution | 1 | | | | |
| Hot Packs | Sufficient | | | | |
| Cold Packs | Sufficient | | | | |
| IO, with/ without drill trainer, needles and bone(s) | 1 | | | | |
| medication auto injector both self/peer and patients own | 1 | | | | |
| implanted and indwelling catheters (access only) | 1 | | | | |
| Electronic Glucose meter and monitoring equipment | Sufficient | | | | |
| assist in chest tube insertion | 2 | | | | |

| IV pump | 1 | | | | 1:24 students to demonstrate medication admin. |
|--|-------------------|----------------------|-----------------|-----------------|--|
| NOTE medications available must for all types and routes of administration | | | | | |
| BSI | | | | | |
| Equipment Item | Required Quantity | # of Excellent Units | # of Good Units | # of Fair Units | Comments: |
| Latex Gloves (small, medium, large and x-large) and Non-Latex | Sufficient | | | | |
| BSI Kits * | 4 | | | | |
| HEPA Mask/ N95 | 2 | | | | |
| Surgical Masks | 1 Box | | | | |
| Eye protection | 1 | | | | |
| Hand sanitizer | Sufficient | | | | |
| PPE for Rescue Operations (a minimum of demonstration set) | 1 | | | | 1:24 Students |
| (work gloves, eye protection, helmet) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| * - BSI Kits should be commercially made and sufficiently stocked. Should be of a quality sufficient for field work. | | | | | |
| Listing of any additional equipment/ supplies not previously listed | | | | | |

COGNITIVE (Written) EXAMINATION SELECTION

Select your level of course completion, upgrade, or renewal from the matrix to choose the appropriate examination.

First exam attempt must be within one (1) year after the training program completion date. All attempts must be completed within two (2) years of training program completion date. (EMS System Act 1023.21 Part 4c1) Successfully completed exams are valid for one (1) year.

To register for an exam, first go to www.nremt.org. Then to schedule the date, time, and location for an exam go to www.pearsonvue.com. Applicants are responsible for all requirements, costs, and fees associated with the exam(s). **All PA Regional EMS Council Educational Coordinators are considered “State Officials or approved agents” by the PA Department of Health, Bureau of EMS for National Registry of Emergency Medical Technicians (NREMT) examination verification purposes. Please contact your local (EMS Educational Institute?)PA Regional EMS Council in the event of any questions or a need for examination verifications.**

Items in parentheses below indicate certification(s) issued to successful candidates as per this matrix.

| EMS CANDIDATE/EMS PROVIDER LEVEL | BETWEEN 16-18 YEARS OF AGE INITIAL EXAM | BETWEEN 16-18 YEARS OF AGE ATTEMPTS AFTER THE INITIAL EXAM | 18+ YEARS OF AGE INITIAL EXAM | 18+ YEARS OF AGE ATTEMPTS AFTER THE INITIAL EXAM * | 18+ NREMT RECERTIFICATION BY EXAMINATION** | LAPSE OF REGISTRATION (RENEWALS)*** |
|---|---|--|--|--|---|--|
| Emergency Medical Responder (EMR) | <i>EMR</i> (NREMT & PA certification) | <i>EMR</i> (NREMT & PA certification) | <i>EMR</i> (NREMT & PA certification) | <i>EMR</i> (NREMT & PA certification) | <i>EMR</i> (NREMT & PA certification) | <i>Assessment - EMR</i> (PA certification) |
| Emergency Medical Technician (EMT) | <i>Assessment - EMT</i> (PA certification) | <i>Assessment - EMT</i> (PA certification) | <i>EMT</i> (NREMT & PA certification) | <i>EMT</i> (NREMT & PA certification) | <i>EMT</i> (NREMT & PA certification) | <i>Assessment - EMT</i> (PA Certification) |
| Advanced Emergency Medical Technician (AEMT) | | | <i>Advanced EMT</i> (NREMT & PA certification) | <i>Advanced EMT</i> (NREMT & PA certification) | <i>Advanced EMT</i> (NREMT & PA certification) | <i>Assessment - AEMT</i> (PA certification) |
| Paramedic (P) | | | <i>Paramedic</i> (NREMT & PA certification) | <i>Paramedic</i> (NREMT & PA certification) | <i>Paramedic</i> (NREMT & PA certification) | <i>Assessment - Paramedic</i> (PA certification) |
| Prehospital RN (PHRN) | | | <i>Assessment - Paramedic</i> (PA PHRN certification) | <i>Assessment - Paramedic</i> (PA PHRN certification) | | <i>Assessment - Paramedic</i> (PA PHRN certification) |
| Prehospital Physician Extender (PHPE) | | | <i>Assessment - Paramedic</i> (PA PHPE certification) | <i>Assessment - Paramedic</i> (PA PHPE certification) | | <i>Assessment - Paramedic</i> (PA PHPE certification) |
| Prehospital Physician (PHP) | | | <i>BLS Psychomotor Exam ONLY</i> (PA PHP certification) | <i>BLS Psychomotor Exam ONLY</i> (PA PHP certification) | | <i>BLS Psychomotor Exam ONLY</i> (PA PHP certification) |

* If you must attempt the examination multiple times, please follow the PA DOH Bureau of EMS Certification/Retest Matrix.

** Recertification by examination requires both the cognitive (written) and psychomotor (practical) examination, except for PHP certification. All continuing education including core requirements MUST be complete and up to date.

***Lapse of registration (renewals/reinstatements), must follow the PA DOH Bureau of EM Certification/Retest Matrix. All continuing education including core requirements MUST be complete and up to date.

(Continued on next page)

If at any level, you are required to have a psychomotor exam, please contact your regional EMS Council.

Individuals who currently have only PA certification and are interested in pursuing National Registry certification ; must follow the National Registry process for that specific provider level.

NOTE: Individuals seeking National Registry of Emergency Medical Technicians (NREMT) certification at any level must assure that they meet the requirements of the NREMT in order to gain maintain or regain their NREMT credentials. NREMT requirements may differ somewhat from the Pennsylvania Department of Health certification requirements.

EMSVO Certification Matrix

| <i>PA Certified EMS Provider</i> | <i>Initial Certification</i> | <i>Registration Continuing Education</i> | <i>Additional Notes</i> |
|--|---|--|--|
| Emergency Medical Services Vehicle Operator (EMSVO) | Completes an application. Is 18 years of age or older. | 3 year registration 1 hour per year (3 hours / registration period) | <p><i>No continuing education requirements exists for the EMSVO that is only affiliated with a Quick Response Service (QRS)</i></p> <hr/> <p><i>Transition for operators of ground ambulances and squad vehicles. A person who drove an ambulance or squad vehicle prior to April 10, 2014, and who satisfies the certification requirements under PA Code § 1023.22 (b), may serve as an EMSVO until July 9, 2014, without having secured a certification as an EMSVO.</i></p> <hr/> <p><i>Documented proof of completion of a Pennsylvania Department of Health approved Emergency Vehicle Operator Course (EVOC)</i></p> <ul style="list-style-type: none"> ○ Copy of original course completion certificate OR ○ Recorded on Provider Continuing Education Record in Pennsylvania Emergency Medical Services Registry System (EMSRS) OR ○ EMS Education Institute Course Roster OR ○ Approved EMS Agency Licensing Application Personnel Roster |
| Emergency Medical Responder (EMR) | Has a current driver’s license. Is not addicted to alcohol or drugs. | 3 year registration 1 hour per year (3 hours / registration period) | |
| Emergency Medical Technician (EMT) | Is free from physical or mental defect or disease that may impair the person’s ability to drive a ground EMS vehicle. Has successfully completed an emergency vehicle operator’s course of instruction approved by the Department. | 3 year registration 1 hour per year (3 hours / registration period) | |
| Advanced Emergency Medical Technician (AEMT) | <u>Has not:</u> | 2 year registration 1 hour per year (2 hours / registration period) | |
| Paramedic (P) | Been convicted within the last 4 years prior to the date of application of driving under the influence of alcohol or drugs. | 2 year registration 1 hour per year (2 hours / registration period) | |
| Prehospital Registered Nurse (PHRN) | Within the last 2 years prior to the date of application been convicted of reckless driving or had a driver’s license suspended due to use of drugs or alcohol or a moving traffic violation. | 2 year registration 1 hour per year (2 hours / registration period) | |
| PreHospital Physician Extender (PHPE) | Has successfully completed an EVOC following a disqualification from certification under paragraph (7), regardless of whether the person successfully completed the course previously. | 2 year registration 1 hour per year (2 hours / registration period) | |
| PreHospital Physician (PHP) | | 2 year registration 1 hour per year (2 hours / registration period) | |

