

EMS Registry Job Aid for Certification by Endorsement

Before beginning the on-line application, please follow these instructions carefully.

1. **Out of State EMS Provider Verification Form (this is required for all states in which you have or had a state issued EMS certification regardless of certification status)**
 - a) print the attached form
 - b) complete Section 1
 - c) Submit the form to the State agency where you are requesting an endorsement from.
 - d) The State agency will complete the form and return to the PA Bureau of EMS Office. If the form is returned to you, do not open, but mail to the PA Bureau of EMS Office. The PA EMS Office will hold your form until your electronic application is received.

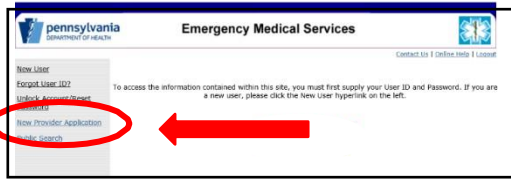
2. **Background Checks** - All applicants for EMS Certification by Endorsement are required to submit the following:
***Please note, background checks cannot be more than 90 days old at the time a complete application is submitted. An application that is missing any of the required documents is not considered complete.**
 - a) an official state certified criminal history from all states where you have ever had a state issued EMS certification regardless of certification status. (Third party background checks are not accepted)
 - b) an official state certified criminal history from your state of residence if other than Pennsylvania (California residents and Active-Duty military or military who have returned from active duty within the last twelve months are exempt. Arizona residents are exempt from the state background but need to submit a Clearance Card)
 - c) FBI Fingerprint Background Check – the Identigo code is 1KG756 – Employee >= 14 years contact with children. You must provide a copy of the original FBI background on watermarked paper, received via regular mail. We cannot accept copies of a FBI background you received via email.
Your application for Certification by Endorsement in Pennsylvania cannot be reviewed and processed without this required information. If there are extenuating circumstances that will absolutely preclude your ability to meet this requirement, a letter of justification shall be submitted to the Bureau of EMS for a determination.

3. **Before beginning the application, you must have the following documents available electronically** to upload into the application. You will not be able to save the application to complete and upload documents at a later time.
 - a) Current PA Approved CPR card (see attached list of approved courses)
 - b) Current NREMT and/or State EMS Certification Card
 - c) All state certified and FBI Criminal History Clearances as outlined above

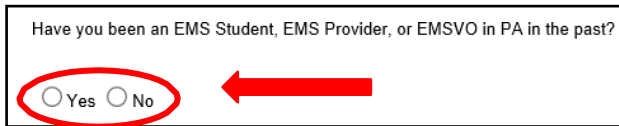
4. **Please Note:** Final approval and processing of certification will require the applicant to present themselves at a Regional EMS Council for verification of identification.

Instructions for Completing the On-Line Application

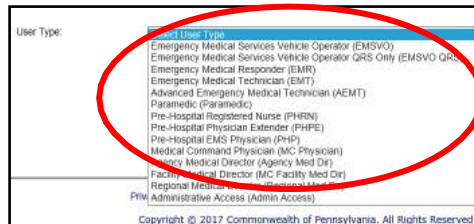
1. Access the site: <https://ems.health.state.pa.us/registry/>
2. On the left-hand side, click on “New Provider Application”.



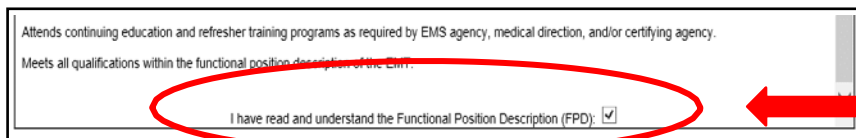
3. Read and answer the question. If you check 'yes', you will not be able to continue any further with the application and you will be given directions on-screen to contact a PA EMS Regional Council based on your PA County of Residence or if you live out-of-state, choose the Regional Council closest to your location or the Regional Council where you will be working. If you check 'no', continue with the application.



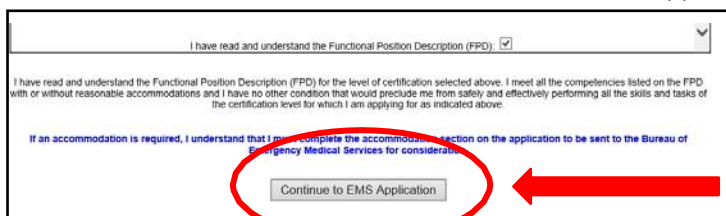
4. In the "User Type" drop down box, select the level of certification you are requesting.



5. Read the Functional Position Description. You will need to scroll within that box all the way to the bottom to click on "I have read and understand the Functional Position Description (FPD)."



6. The screen will refresh; read the text and then click on "Continue to EMS Application."



7. You will be directed to the Applicant Data – General Information Tab. Complete all fields in the General Information Tab. For the County of Residence: if you live out-of-state, choose the Out of Country/State PA Regional EMS Council you will be applying to.

8. Social Security # - Enter your Social Security number. If you have a Social Security number, but choose not to provide it, check the appropriate box and enter either your ID number (PA driver's license or PA Photo ID) or VISA number. (Out-of-State driver's license or ID cards are not acceptable and you must provide your Social Security number). Another tab titled, "Disclosures" will populate, and you will need to complete the information within this tab. Your application will not be processed until the PA Department of Health receives your Social Security number. This may possibly delay the review and processing of your EMS certification application.

9. If you do not have a Social Security number, check the appropriate box. Another tab titled, "SSN Waivers" will populate and you will be required to complete the waiver statement within this tab.

10. If you check "Yes" for Criminal History, another tab titled, "Criminal History" will populate, and you will be required to complete and submit additional information within this tab. Please read this information carefully. If you have questions relating to convictions, click on the blue help bubble. ***Please note, if you have any misdemeanor or felony convictions and check no to this question, your application will be considered fraudulent and subject to denial or other disciplinary action.**

11. If you check "Yes" for Disciplinary Action, another tab titled, "Disciplinary Action" will populate and you will be required to complete additional information within this tab. ***Please note, if you have any disciplinary actions and check no to this question, your application will be considered fraudulent and subject to denial or other disciplinary action.**

Criminal History/Disciplinary Actions

NOTE: If you have previously reported a conviction or disciplinary action and you have been issued an Authorization Letter from the Bureau of EMS, DO NOT check YES below:

Yes No Have you ever been convicted of a crime other than a summary or similar offense?

Yes No 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?

Applicant Data Criminal History

General Information EMS Application Education **Disciplinary Actions** **Release and Consent**

12. In the Additional Information section, check “Yes” for the Certification by Endorsement question.

Additional Information

Yes No Do you want to apply for Certification by Endorsement of another State's or National Registry Certification?

13. Click on the EMS Application Tab.

Applicant Data Certification By Endorsement

General Information **EMS Application** Release and Consent

14. CPR Card Section – Enter your CPR card information and upload your CPR card.

CPR Card

CPR Cards must be current for providers to enroll. Regional councils will provide CPR cards to ensure this information is correct. CPR instructors may select the instructor for, and enter the dates and information for the instructor card. CPR instructors may use their own name in the instructor name field.

Issue Date:

Expiration Date:

COURSE:

Training Center Name:

Instructor Name:

Optional CPR card uploads

After browsing for your file, you must click add in order for the file to be attached to your record.

15. Returning from or Current Active-Duty Military – If this pertains to you, please complete.

16. Click on the Certification by Endorsement Tab.

Applicant Data **Certification By Endorsement**

General Information EMS Application Release and Consent

17. Certification Card Section – Upload your certification card from NREMT and any State EMS Certifications you have.

Applicant Data Certification By Endorsement

Certification Card

Upload Copy of Certification Card from NREMT and/or state you are requesting an endorsement

After browsing for your file, you must click add in order for the file to be attached to your record.

18. Certification by Endorsement Section – Select the State from where you are requesting endorsement from and enter the certification information. If you have National Registry certification, enter that information. If you have both a State certification and National Registry certification, enter both.

Certification By Endorsement

Enter the information of the certification for which you are applying for Certification By Endorsement below.

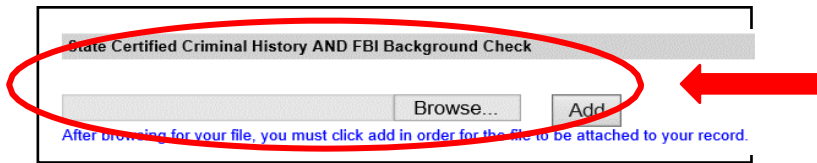
State:

Certification Number:

Expiration Date:

NREMT Certification Number:

19. State Certified Criminal History and FBI 20. Background Check Section – upload appropriate documents.



20. National Registry Certification Obtained through US Military – if this pertains to you, please complete.

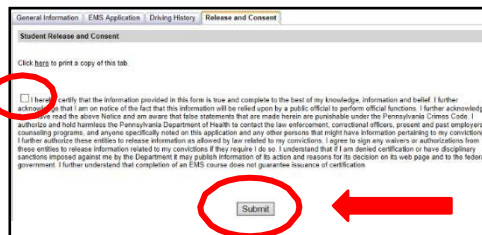
21. Click the Applicant Data Tab.



22. Another set of tabs will populate. Click the Release and Consent Tab.



23. Read the Release and Consent Statement. Check the box. Click Submit.



24. If you have not completed required fields, a box will appear at the top of the application page indicating what fields you need to complete. Complete those fields, click on the Release and Consent Tab again and click Submit.

25. A message box will pop-up asking if you are sure you want to submit your application. Click yes. You will receive a message that your application is in progress. After your application has been submitted, the screen will refresh to the User Type screen. You will then receive an email indicating your application has been received and is being reviewed.

26. The Regional EMS Council will contact you to make an appointment to come to their office to verify your identity. The PA Bureau of EMS will review your application. When your application is approved, you will receive an email and the Regional EMS Council will mail your PA EMS Certification materials.



**Emergency Medical Services
Out of State EMS Provider Verification**
(Please print legibly)

SECTION 1 – To Be Completed By Applicant

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

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

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

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

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

Endorsing State EMS Agency:

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

Email: paemsoffice@pa.gov

Fax: 1(717)346-0643

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



EMS Information Bulletin 2021-13

DATE: August 9, 2021

SUBJECT: State Recognized CPR Programs (Updated 08/09/21)

TO: PA EMS Agencies
PA EMS Providers
PA EMS Educational Institutes
PA Regional EMS Councils

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

The attached document contains Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR) Programs that have been reviewed and approved by the Pennsylvania Department of Health for use by EMS candidates and prehospital EMS practitioners for: admission to EMS education programs and examinations; initial certification; certification by endorsement; re-registration of certification; and renewal within the Commonwealth of Pennsylvania. **This bulletin incorporates updates since the issuance [EMSIB 2021-08 State Recognized CPR Programs](#)**

Approved programs consist of in-person classroom instruction, simulation learning, or any form of distributive education, such as video, DVD, CD-ROM, magazine, and on-line blended, learning modules. Each must include the following:

1. One (1) and Two (2) Person Infant, Child, and Adult CPR (including AED), and maneuvers to relieve choking/foreign body airway obstruction for all patient categories.
2. Final Written/Cognitive Examination.
3. Practical/Psychomotor hands-on skills evaluation/examination administered in-person (or Instructor lead), by a current, appropriate-level certified CPR Instructor representing the approved program.

All approved programs must provide a course completion card and/or certificate indicating the specific course title, to each individual candidate upon successful completion of the program. Instructors can submit valid Instructor cards representing any of the specifically approved programs.

Vendors seeking recognition as an approved CPR program for EMS providers, and recognition for specific courses, must request a review on letterhead and submit a copy of the materials used within their program to the Pennsylvania Department of Health, Bureau of Emergency Medical Services. **This request should be submitted any time the CPR Guidelines change and/or there is a change in product format or release of new educational materials. All materials must clearly indicate that they meet the 2020 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations.** Please forward any questions to your Regional EMS Council.

**PENNSYLVANIA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES**

**Basic Life Support Cardiopulmonary Resuscitation Programs
Updated 08/09/2021**

| Recognized Programs Providing PA EMS Act Protection for All Valid Pennsylvania EMS Provider Certification Levels |
|---|
| American Academy of Orthopedic Surgeons – Emergency Care & Safety Institute <i>Health-Care Provider CPR & AED</i> |
| American Heart Association – <i>BLS Provider</i> |
| American Red Cross – <i>Basic Life Support</i> |
| American Red Cross – <i>CPR for the Professional Rescuer</i> |
| American Safety & Health Institute – <i>Basic Life Support (BLS) for Healthcare Providers and Professional Rescuers</i> |
| EMS Safety Services, Inc. – <i>BLS for Healthcare Providers</i> |
| Geisinger Resuscitation Program CPR |
| National Safety Council – <i>BLS for Health Care Providers</i> |
| ProTrainings LLC – <i>Healthcare Provider (BLS) Adult, Child and Infant CPR/AED (ProCPR)</i> |
| ProTrainings LLC – <i>Healthcare Provider (BLS) Adult, Child and Infant CPR/AED/First Aid (ProFirst Aid Advanced)</i> |
| PACIFIC Medical Training – <i>Basic Life Support: AED, First Aid, CPR – C Provider</i> |
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(Valid Instructor cards representing any of the recognized programs above are acceptable)

List will be updated and distributed to Regional EMS Councils, as requests for recognition and submission of course program materials are received, reviewed, and approved.