



pennsylvania

DEPARTMENT OF HEALTH

BUREAU OF EMERGENCY MEDICAL SERVICES

Criminal History or Disciplinary Action Reporting Form for Certification or Recognition

Instructions: **Complete Both Sides** (use additional sheets if necessary)
List all convictions except summary offenses
Completion of a course does not guarantee certification

INFORMATION SECTION			
Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Home Telephone Number	Work Telephone Number	Alternate Telephone Number	

Have you ever been convicted of a crime other than a summary or similar offense? Yes No (If yes, complete below) (A "conviction" includes a judgment of guilt, a plea of guilty, or a plea of nolo contendere)

CRIMINAL CONVICTION SECTION			
Common Name of Offense	Statute Violated	Date of Conviction	Date of Sentencing (if Different)
<input type="checkbox"/> I provided my criminal history to the Bureau or a regional EMS council on a prior occasion when filing an application that was granted. A current Pennsylvania State Police Criminal Record Check (SP4-164) and PSP Rap Sheet (SP4-1378) must be submitted with this form			
Describe the circumstances surrounding the crime(s) for which you were convicted: Name of court? When? What were you doing that lead to your being charged with the crime?			
Explain how the passage of time since your conviction(s) should be considered in determining your present fitness to serve as an EMS provider?			
What are you doing to avoid criminal activity and to improve yourself?			
Do you believe you have been rehabilitated? Why?			
Are you on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Probation/Parole Officer:		Telephone Number:	
City/County/State of probation/parole?			
Date of or projected date of completion of probation/parole?			
Were you previously on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below for each Probation Officer)			
Name of former Probation/Parole Officer:		Telephone Number:	
Was court ordered counseling classes/evaluation part of your probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below)			
Describe court ordered sessions:			
Are you going to counseling voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below)			
Describe voluntary sessions:			
Name of Counselor:		Telephone Number:	
Date or projected date of successful completion of counseling/classes:			

EMPLOYMENT SECTION

Company: _____	City: _____	From: _____	To: _____
Supervisor: _____	Job Duties: _____	Reason for Leaving: _____	

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Company: _____	City: _____	From: _____	To: _____
Supervisor: _____	Job Duties: _____	Reason for Leaving: _____	

Have you been subject to disciplinary action or had a certification or license or authority to practice revoked, suspended or restricted? No Yes (If yes, provide circumstances of the disciplinary action:)

You must provide the regional EMS council with the following if you have been convicted of a misdemeanor or felony (not previously reported).

1. An original signed copy of this form
2. An original Pennsylvania State Police "Request for Criminal History Check" (SP4-164) and PSP rap sheet (SP4-1378)
3. A certified copy of the court documents making the charges, disposing of the charges, and imposing sentences for all misdemeanor and felony offenses of which you have been convicted. These documents are most commonly called an Information or an Indictment, and a Judgment/Probation and Commitment Order.

You are encouraged to provide letters from probation/parole officers, past/present employer(s), clergy; doctors, warden, law enforcement officials, public officials, etc., evidence of rehabilitation, and/or records of good conduct or community service.

If you were convicted in a Federal court or another court not part of Pennsylvania's judicial system, provide documents equivalent to those referenced in 2 and 3 above, as well as a copy of the statute under which you were convicted.

Background checks may be performed to verify the information you provide on this form. If you have made a false statement or failed to identify all relevant conditions, disciplinary action may be initiated against you by the Department, that action may impact upon any certification or recognition you have received or may receive from the Department.

NOTICE -- Section 4904 of the Crimes Code provides that:

- (a) A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his official function, he:
- (1) Makes any written false statement which he does not believe to be true; or
 - (2) Submits or invites reliance on any writing which he knows to be forged, or otherwise lacking in authenticity.
- (b) A person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made thereon are punishable.

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 Codes. I authorize 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 understand that if I am denied certification or have disciplinary sanctions imposed against me by the Department it may publish information of its action and reasons for its decision on its web page.

Printed Name

Signature

Date