



**pennsylvania**

DEPARTMENT OF HEALTH

BUREAU OF EMERGENCY MEDICAL SERVICES

RECEIVED JAN 26 2010

(717) 787-8740

Dear Candidate:

This letter is in response to your request for an application for emergency medical technician-paramedic (paramedic) certification by endorsement. Certification of a paramedic by endorsement is the process by which a person who is certified as a paramedic in a state other than Pennsylvania may secure certification as a paramedic in Pennsylvania. The process is accomplished by the Pennsylvania Department of Health (Department) evaluating the training or examinations the applicant successfully completed for certification in the other state. If training and testing are equivalent to Pennsylvania requirements, the Department can endorse the training, examinations or both and certify the applicant as a paramedic in Pennsylvania.

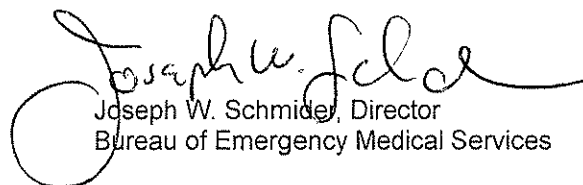
**For paramedic certification by endorsement you must:**

1. Be 18 years of age or older.
2. Be currently certified as a paramedic in another state.
3. Have successfully completed a training curriculum that meets or exceeds the standards of the Department's prescribed course (U.S. Department of Transportation National Standard Curriculum for EMT-Paramedic).
4. Have successfully completed another state's written examination for paramedic certification, which the Department determines to meet or exceed the written examination standards prescribed by the Department.
5. Have successfully completed another state's practical skills examination for paramedic certification, which the Department determines to meet or exceed the practical skills examination standards prescribed by the Department.
6. Be current in CPR and have a current CPR card.
7. Provide a copy of a photo ID

If your certification in another state is expired at the time of application, you may secure the Department's endorsement of the training that was required for your expired out-of-state certification. To secure paramedic certification in Pennsylvania requires that you have current certification as an EMT in Pennsylvania. You will also need to take and successfully complete the paramedic written and practical skills examinations prescribed by the Department.

Please complete the enclosed Student Application and Criminal History forms and forward the completed documents to the appropriate regional EMS council that serves the county where you reside. If you reside out of state, submit your credentials to the regional EMS council closest to your place of residence. You must also include a copy of your state or NREMT current certification card with your application. Regional EMS council addresses are listed on the enclosed brochure. The regional councils can provide assistance should you have questions about certification by endorsement.

Sincerely,



Joseph W. Schmeider, Director  
Bureau of Emergency Medical Services

APPLICATION FOR CERTIFICATION BY ENDORSEMENT

**COUNCIL/STATE OFFICE USE ONLY**

VERIFICATION SENT TO APPLICANTS STATE _____
COUNCIL AUTHORIZATION _____ COUNCIL _____

Please fill out this form, a student registration and criminal history form. Return these forms to the regional EMS council in your area or regional EMS council indicated below:

PLEASE PRINT: Date of Application: \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_  
Last Name First Name Middle

ADDRESS OF APPLICANT \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

COUNTY \_\_\_\_\_ TELEPHONE # ( ) \_\_\_\_\_  
(HOME)

SOCIAL SECURITY # \_\_\_\_\_ ( ) \_\_\_\_\_  
(WORK)

DATE OF BIRTH \_\_\_\_\_ CURRENTLY CERTIFIED IN \_\_\_\_\_

CURRENT EXPIRATION DATE \_\_\_\_\_

LEVEL OF CERTIFICATION REQUESTED:

- First Responder
- Emergency Medical Technician (EMT)
- EMT-Paramedic
- EMT-Instructor

Were you previously certified in Pennsylvania?  Yes  No If yes, what was your certification number? \_\_\_\_\_

List a full justification for requesting certification in Pennsylvania. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Signature)

ATTACH:

1. A copy of current certification, indicating either course completion date, effective date, or expiration date.
2. A copy of current CPR certification, indicating effective date expiration date.
3. Criminal History application form and applicable records.

**NOTE: You must provide documentation of having completed a U.S. Department of Transportation National Standard Curriculum Course.**

## INSTRUCTIONS FOR COMPLETING STUDENT APPLICATION

This application should be completed in pencil so that any mistakes may be erased completely. Care should be taken to answer all items accurately, filling in the circles and not straying into the circle next to it. When filling in the circles, please take care to not make multiple entities in a column, leaving others blank. In completing the name and address sections, do not fill in unused blocks or circles. **PLEASE PRINT CLEARLY!**

1. **NAME** – There is a separate section for each part of your name (last, first, and middle initial). If you utilize a suffix, complete this part.
2. **ADDRESS** – This is to be the address to which the postal service delivers your mail. Take note that city is a separate section from street, P.O. Box #, or route. Should your street address require more spaces than those provided (25), you must abbreviate the address so that it fits, and is recognizable.
3. **STATE/ZIP CODE** – Use the standard two-letter abbreviation (PA). The basic zip code should be used (5 numbers).
4. **BIRTH DATE** – This is a six (6) digit field. Be sure to use a leading zero (0), when applicable, i.e., 01-09-70, month, day, and year.

5. **REGISTRATION NO.** – This is your DOH certification number, if certified. This section should be left blank if is form being completed by a student in a basic class.

Column A.....(1) If a valid number  
 (2) If an invalid number (dummy number assigned by regional council)

Column B--G .....Enter your six (6) digit DOH certification number.

Column H.....Enter your level of current certification.

- |                          |                  |                          |
|--------------------------|------------------|--------------------------|
| (A) First Responder      | (D) PHRN         | (F) EMT (new curriculum) |
| (B) EMT (old curriculum) | (E) HP Physician | (H) Rescue (all courses) |
| (C) Paramedic            |                  |                          |

### 6. SPECIAL CODES

Column A - G .....This is the unique DOH-assigned class number (enter all zeroes (0) only when completing form for name or address change.

Column H.....Sex ----- (1) Male      (2) Female

Column I.....Education Level---- (1) Less than high school      (3) Post High School  
 (2) High School      (4) College Graduate

Column J.....Race----- (1) White      (4) Asian or Pacific Islander  
 (2) Black      (5) American Indian or Alaskan Native  
 (3) Hispanic

Leave Blank

Leave Blank

## INSTRUCTIONS FOR COMPLETING STUDENT APPLICATION

Column K.....Enter Zero (0).

Column L-M.....Enter the two-digit county of residence code. Enter (0) in both if residence is outside PA.

NOTE: When completing this form for a change of name, address, or phone number, enter zero (0) in Columns A - K.

7. **FINAL SCORE SEND TO** – Enter the regional EMS council number to which the student is registered; or if a new student, enter the regional number to be registered.
8. **IDENTIFICATION NUMBER** – Enter the applicant's social security number in A-I. Leave J blank.





# 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. <b>A current Pennsylvania State Police Criminal Record Check (SP4-164) and PSP Rap Sheet (SP4-1378) must be submitted with this form</b>			
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: _____	

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

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

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

## FUNCTIONAL POSITION DESCRIPTION FOR THE ALS PROVIDER

### QUALIFICATIONS

The following is a position description for the Emergency Medical Technician-Paramedic, Prehospital R.N., and Health Professional (hereafter referred to as an ALS Provider). This document identifies the qualifications, competencies and tasks expected of the ALS Provider.

### QUALIFICATIONS FOR CERTIFICATION

To qualify for state certification, the applicant shall at a minimum:

1. Meet minimum state entry requirements.
2. Meet requirements, such as attendance and grades.
3. Successfully complete all certifications examinations.
4. Have a valid skills verification form signed (Appendix C.3).

### COMPETENCIES

The ALS Provider must demonstrate competency in handling emergencies utilizing advanced and basic life support equipment in accordance with the objectives in the U.S. Department of Transportation National Standard Curriculum for Emergency Medical Technician-Paramedic, Prehospital R.N., or Health Professional, or other objectives identified by the Department, to include having the ability to:

- Verbally communicate in person and via telephone and telecommunications using the English language.
- Hear spoken information from co-workers, patients, physicians and dispatchers and sounds common to the emergency scene.
- Lift, carry and balance a minimum of 125 pounds equally distributed (250 pounds with assistance), a height of 33 inches, a distance of 10 feet.
- Read and comprehend written materials under stressful conditions.
- Verbally interview patient, family members, and bystanders and hear their responses.
- Document physically, in writing, all relevant information in prescribed format.
- Demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care.
- Bend, stoop, crawl and walk on uneven surfaces.
- Meet minimum vision requirements to operate a motor vehicle within the state.
- Function in varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.
- Interpret written, oral and diagnostic forms of instruction.
- Perform in situations that create stress and tension on a regular basis.

## DESCRIPTION OF TASKS

Be capable of performing all EMT basic skills and using BLS equipment.

Be able to perform in accordance with all behavioral objectives of the ALS curriculum approved by the Department and other objectives identified by the Department.

May function alone or as a member of a multi-member team.

Receives calls from dispatcher, verbally acknowledges the call, reads road maps, identifies the most expeditious route to the scene, and observes traffic ordinances and regulations.

Upon arrival at the scene, insures that the vehicle is parked in a safe location; performs size-up to determine scene safety, mechanism of injury or illness, determines total number of patients and requests additional help if necessary. Performs triage and requests additional help if necessary.

In the absence of public safety personnel, creates a safe environment for the protection of the injured and those assisting in the care of the patient(s).

Using body substance isolation techniques protects the patient(s) and providers from possible contamination.

Determines nature and extent of illness or injury, takes pulses, blood pressure by auscultation and palpation, visually observes changes in skin color, establishes priority for emergency care, calculates drip rates and drug concentrations, renders appropriate approved intravenous drugs or fluid replacement as directed by a physician, performs Endotracheal intubation to open airways and ventilates patients.

Performs cardiac monitoring, interprets EKG tracing, and transmits rhythm to emergency department if required by medical control. Inflates pneumatic anti-shock garment.

Complies with regulations on the handling of crime scenes and prehospital deaths by notifying the appropriate authorities and arranges for protection of property and evidence.

Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue if required, provides additional emergency care.

Determines most appropriate facility for patient transport unless otherwise directed by medical control. Reports the nature and extent of injuries, the number of patients being transported and destination to assure prompt medical care in accordance with local protocols.

Observes a patient enroute and administers care as directed by medical control. Able to maneuver to all points in the patient compartment while moving with a stretchered patient. Assists in lifting, carrying, and transporting patients to ambulance and to a medical facility.

Reassures patients and bystanders.

Avoids mishandling patients and undue haste, searches for medical identification emblem to aid in care.

Reports verbally and in writing, observations and emergency care given to the patient at the scene and in transit, to the receiving staff for record keeping and diagnostic purposes. Upon requests, provides assistance to the receiving facility staff.

After call restocks and replaces patient care supplies, cleans all equipment following appropriate decontamination/cleaning procedures, makes careful check of all equipment to insure availability of ambulance for next run. Maintains ambulance in efficient operating condition.

Attends continuing education and refresher training programs as required by employers', medical direction, and/or certifying agency.

Meets qualifications within the functional position description of the EMT and ALS Provider.

**REGIONAL EMERGENCY MEDICAL SERVICES COUNCILS**

Revised – September 15, 2009

REGIONAL EMS COUNCIL	COUNTIES/CODE	REGION CODE
<p>Charles Bement, Director  <b>Bradford Susquehanna EMS Council</b>                      123 West Lockhart Street                      Sayre, PA 18840                      (570) 882-6390                      FAX (570) 882-6053</p>	<p>Bradford (8)                      Susquehanna (58)</p>	<p align="center"><b>01</b></p>
<p>Jeryl L. DeGideo, Director  <b>Bucks County Emergency Health Services</b>                      911 Freedom Way                      Ivyland, PA 18974                      (215) 340-8735                      FAX (215) 957-0765</p>	<p>Bucks (09)</p>	<p align="center"><b>10</b></p>
<p>Ed Atkins, Director  <b>Chester County EMS Council</b>                      Department of Emergency Services                      601 Westtown Road -- Suite 12                      P.O. Box 2747                      West Chester, PA 19390-0990                      (610) 344-5000                      FAX (610) 344-5050</p>	<p>Chester (15)</p>	<p align="center"><b>11</b></p>
<p>Maureen Hennessey Herman, Ed.D. Regional Director  <b>Delaware County EHS Council, Inc.</b>                      Government Center Building, Room 117                      201 W. Front Street                      Media, PA 19063                      (610) 891-5310                      FAX (610) 891-5375</p>	<p>Delaware (23)</p>	<p align="center"><b>12</b></p>
<p>Everitt F. Binns, Ph.D., Executive Director  <b>Eastern PA EMS Council, Inc.</b>                      4801 Kernsville Road, Suite 100                      Orefield, PA 18069                      (610) 820-9212                      FAX (610) 820-5620</p>	<p>Berks (6)                      Monroe (45)                      Carbon (13)                      Northampton (48)                      Lehigh (39)                      Schuylkill (54)</p>	<p align="center"><b>02</b></p>
<p>Steve Lyle, President  <b>EHS Federation, Inc.</b>                      722 Limekiln Road                      New Cumberland, PA 17070-2354                      (717) 774-7911                      FAX (717) 774-6163</p>	<p>Adams (1)                      Lancaster (36)                      Cumberland (21)                      Lebanon (38)                      Dauphin (22)                      Perry (50)                      Franklin (28)                      York (67)</p>	<p align="center"><b>03</b></p>

REGIONAL EMS COUNCIL

COUNTIES/CODE

REGION CODE

Thomas J. Mc Elree, Esq., Executive Director  
**Emergency Medical Service Institute**  
 1002 Church Hill Road  
 Pittsburgh, PA 15205-9006  
 (412) 242-7322 FAX (412) 787-2340

John Weidow, Director  
**EMMCO East, Inc.**  
 1411 Million Dollar Highway  
 Kersey, PA 15846  
 (814) 834-9212 FAX (814) 781-3881

William McClincy, Executive Director  
**EMMCO West, Inc.**  
 16271 Conneaut Lake Road Suite 101  
 Meadville, PA 16335-3814  
 (814) 337-5380 FAX (814) 337-0871

John E. Campos, Executive Vice President  
**EMS of Northeastern PA, Inc.**  
 1153 Oak Street  
 Pittston, PA 18640  
 (570) 655-6818 FAX (570) 655-6824

Wendy Hastings, Acting Director  
**LTS EMS Council**  
 542 County Farm Road, Suite 101  
 Montoursville, PA 17754-9621  
 (800) 433-9063 FAX (570) 433-4435

David Paul Brown, Director  
**Montgomery County Emergency Medical Services**  
 Office of Emergency Medical Services  
 50 Eagleville Road  
 Eagleville, PA 19403  
 (610) 631-6520 FAX (610) 631-9864

Allegheny (2) Greene (30)  
 Armstrong (3) Indiana (32)  
 Beaver (4) Lawrence (37)  
 Butler (10) Washington (63)  
 Fayette (26) Westmoreland (65)

Cameron (12) Jefferson (33)  
 Clearfield (17) McKean (42)  
 Elk (24) Potter (53)

Clarion (16) Crawford (20)  
 Erie (25) Forest (27)  
 Mercer (43) Venango (61)  
 Warren (62)

Lackawanna (35)  
 Luzerne (40)  
 Pike (52)  
 Wayne (64)  
 Wyoming (66)

Lycoming (41)  
 Sullivan (57)  
 Tioga (59)

Montgomery (46)

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19

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13

REGIONAL EMS COUNCIL	COUNTIES/CODE	REGION CODE
<p>George A. Butts, Jr., Director  <b>Philadelphia EMS Council</b>            3061 Island Ave.            Philadelphia, PA 19153            (215) 685-4216 FAX (215) 685-4207</p>	<p>City of Philadelphia (51)</p>	<p><b>14</b></p>
<p>Timothy Nilson, Executive Director  <b>Seven Mountains EMS Council, Inc.</b>            523 Dell Street            Bellefonte, PA 16823            (814) 355-1474 FAX (814) 355-5149</p>	<p>Clinton (18) Centre (14)            Juniata (34)            Mifflin (44)</p>	<p><b>08</b></p>
<p>Sandra L. Jablonski, Executive Director  <b>Southern Alleghenies EMS Council, Inc.</b>            Olde Farm Office Centre – 1 Carriage House            Duncansville, PA 16635            (814) 696-3200 FAX (814) 696-0101</p>	<p>Bedford (5) Fulton (29)            Blair (7) Huntingdon (31)            Cambria (110) Somerset (56)</p>	<p><b>09</b></p>
<p>Richard Gibbons, Executive Director  <b>Susquehanna EHS Council, Inc.</b>            249 Market Street            Sunbury, PA 17801-3401            (570) 988-3443 FAX (570) 988-3446</p>	<p>Columbia (19)            Montour (47)            Northumberland (49)            Snyder (55)            Union (60)</p>	<p><b>15</b></p>

**Bureau of Emergency Medical Services**

*State EMS Office -- 8:00 a.m. - 5:00 p.m.*

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

**Pennsylvania EHS Council**

*State Advisory Council - 8:00 a.m. - 5:00 p.m.*

Janette Kearney, Executive Director  
 Pennsylvania EHS Council  
 600 Wilson Lane, Suite 101  
 Mechanicsburg, PA 17055  
 (717) 795-0740  
 FAX (717) 795-0741