

Two options are available for recertification after a PA EMT certification has expired:

- You may take and pass a State Practical and Written examination. You will be required to provide proof of expired certification, a current Healthcare Provider level CPR card, and a photo ID at the time of the test

OR

- You may complete the required number of continuing education credits to renew your certification (First Responders will need a minimum of 16 continuing education credits with at least 8 hours in the medical/trauma category; and EMTs will need a minimum of 24 continuing education credits with at least 12 hours in the medical/trauma category) **AND** you must fill out the reinstatement request, the student application, the criminal history reporting form, and submit it to your local Regional EMS Council.
- The forms that are required for reinstatement are below and follow for your convenience:
 - **Reinstatement Request**
 - **Student Application**
 - **Criminal History Reporting Form**
- A listing of the Regional EMS Council offices is available below and follow for your convenience:
 - **Regional EMS Council List**

Reinstatement Request

To: _____
(Write in name of Regional EMS Council)

From: _____
(Write in your name. If a name change exists, add your prior name.)

(Street Address)

(City, State, Zip Code)

(Home telephone number and Cell phone number)

Date: _____
(Today's Date)

Subject: Reinstatement of EMS Certification

Please find attached to this memo a Student Application and a Criminal History Reporting Form.

I am seeking reinstatement of my _____ certification.
(First Responder, EMT, EMT-P)

My old certification number was _____. I was originally certified in _____.
(Insert number) (Insert year)

Please contact me with additional instructions or questions.

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--GEnter 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 - GThis 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. 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: _____	

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
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REGIONAL EMERGENCY MEDICAL SERVICES COUNCILS

REGIONAL EMS COUNCIL

COUNTIES

Charles Bement, Regional Director
Bradford Susquehanna EMS Council
123 West Lockhart Street
Sayre, PA 18840
(570) 882-6390 FAX (570)882-6053
www.bsems.org
Email: chuck@bsems.org

Bradford
Susquehanna

Jeryl DeGideo, Director
Bucks County Emergency Health Services
911 Freedom Way
Ivyland, PA 18974
(215) 340-8735 FAX (215) 957-0765
www.bcehs.com
Email: info@bcehs.com

Bucks

Ed Atkins
Steve Webb
Chester County EMS Council
Department of Emergency Services
Chester County Government Services Center
601 Westtown Road - Suite 12
West Chester, PA 19380
(610) 344-5000 FAX (610) 344-5050
www.chescoems.org
Email: swebb@chesco.org

Chester

Maureen Hennessey-Herman, Director
Delaware County EHS Council, Inc.
201 W. Front Street
Government Center Building, Rm. 117
Media, PA 19063
(610) 891-5310 FAX (610) 891-5375
www.co.delaware.pa.us/intercommunity/ems.html
Email: hennesseyhermanm@co.delaware.pa.us

Delaware

Everitt F. Binns, Ph.D., Executive Director
Eastern PA EMS Council, Inc.
4801 Kernsville Road, Ste. 100
Orefield, PA 18069
(610) 820-9212 FAX (610) 820-5620
www.easternemscouncil.org
Email: director@easternemscouncil.org

Berks
Carbon
Lehigh
Monroe
Northampton
Schuylkill

REGIONAL EMERGENCY MEDICAL SERVICES COUNCILS

REGIONAL EMS COUNCIL

C. Steven Lyle, President
EHS Federation, Inc.
722 Limekiln Road
New Cumberland, PA 17070-2354
(717) 774-7911 FAX (717) 774-6163
(800) 334-3473
www.ehsf.org
Email: info@ehsf.org

Thomas McElree, Executive Director
Emergency Medical Service Institute
1002 Church Hill Road
Pittsburgh, PA 15205-9006
(412) 242-7322 FAX (412) 787-2340
www.emsi.org
Email: info@emsi.org

John Weidow, Director
EMMCO East, Inc.
1411 Million Dollar Highway
Kersey, PA 15846-9726
(814) 834-9212 FAX (814) 781-3881
www.emmcoeast.org
Email: info@emmcoeast.org

Bill McClincy, Director
EMMCO West, Inc.
16271 Conneaut Lake Road, Suite 101
Meadville, PA 16335
(814) 337-5380 FAX (814) 337-0871
www.emmco.org
Email: bill@emmco.org

John E. Campos, Executive Director
EMS of Northeastern Pa, Inc.
1153 Oak Street
Pittston, PA 18640
(570) 655-6818 FAX (570) 655-6824
(800) 427-1911
www.emsnp.org
Email: none located

COUNTIES

Adams
Cumberland
Dauphin
Franklin
Lancaster
Lebanon
Perry
York

Allegheny
Armstrong
Beaver
Butler
Fayette
Greene
Indiana
Lawrence
Washington
Westmoreland

Cameron
Clearfield
Elk
Jefferson
McKean
Potter

Clarion
Crawford
Erie
Forest
Mercer
Venango
Warren

Lackawanna
Luzerne
Pike
Wayne
Wyoming

REGIONAL EMERGENCY MEDICAL SERVICES COUNCILS

REGIONAL EMS COUNCIL

COUNTIES

Wendy Hastings, Director

LTS EMS Council

542 County Farm Road, Suite 101
Montoursville, PA 17754-9621
(570) 433-4461 FAX (570) 433-4435
(800) 433-9063

www.lyco.org

Email: whastings@lyco.org

Lycoming

Sullivan

Tioga

David P. Brown, Executive Director

Montgomery County Emergency Medical Services

Office of Emergency Medical Services
50 Eagleville Road
Eagleville, PA 19403
(610) 631-6500 FAX (610) 631-9864

www.dps.montcopa.org/dps

Email: dbrown2@montco.pa.org

Montgomery

George A. Butts, Jr., Director

Philadelphia EMS Council

3061 Island Avenue
Philadelphia, PA 19153-3015
(215) 685-4216 FAX (215) 685-4207

www.phila.gov/regionalems/

Email: pfd.regems@phila.gov

Philadelphia

Tim Nilson, Director

Seven Mountains EMS Council, Inc.

523 Dell Street
Bellefonte, PA 16823
(814) 355-1474 FAX (814) 355-5149

www.smemsc.org

Email: tnilson@smemsc.org

Centre

Clinton

Juniata

Mifflin

Sandra L. Jablonski, Executive Director

Southern Alleghenies EMS Council, Inc.

Olde Farm Office Centre
1 Carriage House
Duncansville, PA 16635
(814) 696-3200 FAX (814) 696-0101
(800) 367-5448

www.saems.com

Email: saems@saems.com

Bedford

Blair

Cambria

Fulton

Huntingdon

Somerset

REGIONAL EMERGENCY MEDICAL SERVICES COUNCILS

REGIONAL EMS COUNCIL

Richard Gibbons, Director
Susquehanna EHS Council, Inc.
249 Market Street
Sunbury, PA 17801-3401
(570) 988-3443 FAX (570) 988-3446
www.sehsc.org
Email: rgibbons@sehsc.org

COUNTIES

Columbia
Montour
Northumberland
Snyder
Union

PA DEPARTMENT OF HEALTH

State Bureau Office - 8:00 a.m.-5:00 p.m.

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

Douglas Kupas, M.D.
Commonwealth EMS Medical Director

PENNSYLVANIA EHS COUNCIL

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

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