

**SECTION A – PERSONAL INFORMATION**

Last Name		First Name		Middle Initial		Suffix (Jr, Sr, II, III)	
Mailing Address			City		State		Zip Code
Home \ Primary Telephone Number			Work \ Alternate Telephone Number		Email Address		
Date of Birth:	Gender:	Country:		Race:			
Education Level:							
<input type="checkbox"/> Less Than High School		<input type="checkbox"/> High School		<input type="checkbox"/> Post High School		<input type="checkbox"/> College Grad	
SSN				County of Residence:			

**SECTION B – CERTIFICATION**

**LEVEL OF PA EMS CERTIFICATION YOU ARE REQUESTING: (Check Applicable Box)**

<input type="checkbox"/>	Emergency Medical Responder (EMR)	<input type="checkbox"/>	Pre-Hospital Physician Extender (PHPE)
<input type="checkbox"/>	Emergency Medical Technician (EMT)	<input type="checkbox"/>	Medical Command Facility Medical Director
<input type="checkbox"/>	Advanced Emergency Medical Technician (AEMT)	<input type="checkbox"/>	Medical Command Physician
<input type="checkbox"/>	Paramedic (P)	<input type="checkbox"/>	EMS Agency Medical Director
<input type="checkbox"/>	Pre-Hospital Registered Nurse (PHRN)	<input type="checkbox"/>	Regional EMS Medical Director
<input type="checkbox"/>	Pre-Hospital EMS Physician (PHP)	<input type="checkbox"/>	Other: Print Below

**PLEASE NOTE: Any level above Paramedic must be licensed by the Pennsylvania Department of State**

**HAVE YOU HELD OR CURRENTLY HOLD EMS CERTIFICATION IN PENNSYLVANIA, UNITED STATES MILITARY OR OTHER STATES?**

**YES**       **NO**

License / Certification Level	State	License / Cert No.	Issue Date:	Expiration Date:
License / Certification Level	State	License / Cert No.	Issue Date:	Expiration Date:
License / Certification Level	State	License / Cert No.	Issue Date:	Expiration Date:

**INITIAL & CURRENT CERTIFICATION OBTAINED THRU MILITARY:**

Air Force       Army       Coast Guard       Marines       Navy

**SECTION C – CRIMINAL HISTORY / CONVICTIONS**

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

*All applicants for EMS certification by endorsement are required to submit proof of EMS employment, or employment offering in Pennsylvania, criminal history documentation and a driving history record from current state of certification. Your application for certification by endorsement in Pennsylvania will not be evaluated and processed without the required information.*

*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, your application may be denied or disciplinary action may be initiated against you by the Department or a criminal justice agency and that action may impact upon any certification or recognition you have received or may receive from the Department.*

*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*

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

YES     All records have been submitted and BEMS Authorization Letter attached.

NO – Skip Section C

Include all offenses; a conviction includes a judgement of guilt, a plea of guilty, or a plea of nolo contendere.

- Intermediate Punishment Program (IPP) **is** considered a conviction.
- Accelerative Rehabilitative Disposition (ARD) **is not considered** a conviction.
- Probation without Verdict (PWOV) **is not considered** a conviction.

Include all offenses committed as a juvenile in which you were an adjudicated delinquent.

If you responded YES with a positive criminal history, the Bureau requires that you provide this office with certified copies of all of the following court documents with the County or the Clerk of Court's office seal or stamp on each document to verify that the documents are exact copies of the original documents from any state in which you have a conviction as outlined above:

- The Police Criminal Complaint, including the Affidavit of Probable Cause**
- The Criminal Information or Indictment**
- Guilty Plea Document or Jury/Court Document imposing a finding of guilty**
- The Court's Sentencing Order**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

For juvenile cases, you may be required to submit copies of the above documents.

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

Provide any alias / maiden names

List offenses annotated with a Yes above;

Offense	Date of Conviction	County of Conviction	State

Describe the circumstances surrounding the crime(s) for which you were convicted:

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 will not be involved with future criminal activity? Why?

Are you or were you on probation/parole?

YES  NO

Date of Completion/ Projected Completion:

Probation/Parole Officer Name:

Probation/Parole Officer Telephone Number:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

City of probation/parole?	County of probation/parole?	State of probation/parole?
Was court ordered counseling classes/evaluation part of your probation/parole?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If you have answered <b>YES</b> to the question above provide the type of court ordered sessions		
Are you going to counseling voluntarily?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If you have answered <b>YES</b> to the question above provide the type of voluntary sessions		
Name of Counselor:	Telephone Number of Counselor:	

**SECTION D – DISCIPLINARY ACTION DISCLOSURE**

Have you been subject to disciplinary action or had a certification or license or authority to practice revoked, suspended or restricted?

YES  NO

If yes, provide circumstances of the disciplinary action

**SECTION E – SOCIAL SECURITY NUMBER DISCLOSURE****(IF YOU HAVE PROVIDED YOUR SOCIAL SECURITY NUMBER ON PAGE 1 SKIP THIS SECTION)**

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 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 2603 of the State Government Code, 71 P.S. § 2603, 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.

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 Driver's License / ID Card)	Number
Address (as it appears on card)	

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 invites reliance on any writing which he knows to be forged, or otherwise lacking in authenticity.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

(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.

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

**WAIVER OF SOCIAL SECURITY NUMBER  
VERIFICATION STATEMENT**

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 as soon as it is obtained. Further, I understand that I will not be permitted to reregister 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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**SECTION F – EDUCATION INSTITUTE**

**EMS EDUCATIONAL INSTITUTE ENROLLING IN OR CURRENTLY ATTENDING:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Class Number \_\_\_\_\_

**EMS EDUCATIONAL INSTITUTE PREVIOUSLY ATTENDED:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Class Number \_\_\_\_\_

**US MILITARY EMS EDUCATIONAL INSTITUTE**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Class Number \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**SECTION G- 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 I do so. 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 and to the federal government. I further understand that completion of an EMS course does not guarantee issuance of certification.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**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
- (4) and/or \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL PERMISSION TO ENROLL**

(TO BE COMPLETED BY A PARENT/GUARDIAN OF APPLICANTS WHO ARE AT LEAST 16; BUT NOT YET 18 YEARS OF AGE)

I, \_\_\_\_\_, a parent or guardian of \_\_\_\_\_ understands that he/she is interested in enrolling in a course leading to certification by the Pennsylvania Department of Health, Bureau of EMS. I realize this is a course dealing with Human Anatomy and Physiology, and will require working closely with and physically assessing (touching) other students and have other students assess (touch) them. He/she will be taught how to handle emergencies such as: respiratory and cardiac arrest, choking, severe bleeding, emergency childbirth, and vehicle rescue. He/she will also be responsible for the evaluation, assessment and treatment of patients in a medical setting that will be supervised by a medical professional and/or EMS Instructor.

The intent of this course is to educate and certify personnel in emergency procedures. Therefore, I understand he/she will be taught all the skills required in an Emergency Medical Services Course to function independently, possibly on a Basic Life Support Ambulance. To accomplish this, he/she will have to meet or exceed the requirements for course completion and certification to be certified as an Emergency Medical Responder or Emergency Medical Technician in the Commonwealth of Pennsylvania.

I understand the EMS Educational Institute 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.

Thus, I do, therefore, permit \_\_\_\_\_ to enroll in

this course of instruction beginning on: \_\_\_\_\_.

\_\_\_\_\_  
PARENT OR GUARDIANS SIGNATURE DATE