



CERTIFICATION OF ELIGIBILITY

At the first session of any of the following Pennsylvania Certification Courses, each student must sign one of the following statements. This form must be returned to the Council Representative by the close of the second class.

PLEASE CHECK THE LEVEL OF CERTIFICATION YOU ARE SEEKING:

- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Pre-hospital EMS Physician (PHP)
- Advanced EMT (AEMT)
- Paramedic (P)
- Rescue Technician (BVR or SVR)
- Pre-hospital RN (PHRN)
- Pre-hospital Physician Extender (PHPE)

Student Name _____

Please Print

PLEASE READ AND SIGN ONLY ONE (1) OF THE FOLLOWING STATEMENTS BELOW:

Not Seeking Accommodations

I have read and understand the Functional Position Description (FPD) for the level of certification checked above. I meet all the competencies listed on the FPD and I have no other conditions that would preclude me from safely and effectively performing all the skills and tasks of the level of certification (as checked above) for which I am seeking Pennsylvania certification.

Signature _____ Date _____

Name of EMS Educational Institute: _____

Seeking Accommodations

I have read and understand the Functional Position Description (FPD) for the level of certification checked above. I will be submitting a request for an accommodation for the Pennsylvania State written certification examination. I understand that I must complete the Accommodation Form for further explanation and submit this to the Bureau of Emergency Medical Services within 14 days from the course start date. I understand that without the Accommodation Form with further explanation being completed and signed, my request will not be processed.

Signature _____ Date _____

Name of EMS Educational Institute: _____