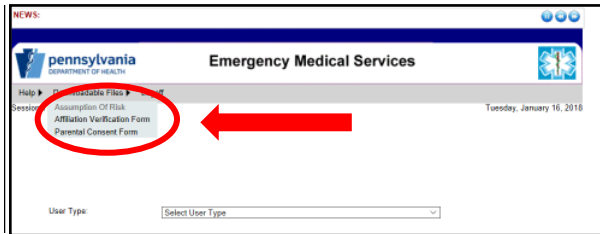
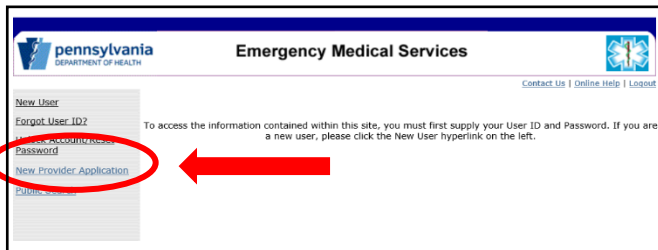


EMS Registry Job Aid for an EMR or EMT Student

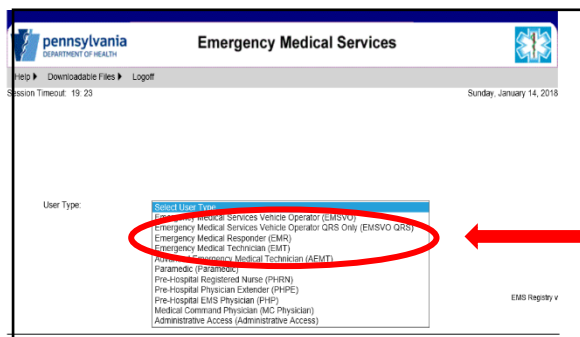
1. Using a computer with Internet Explorer and allowing pop-ups, access the site: <https://ems.health.state.pa.us/registry/> (the system will not work on mobile devices and using other browsers).
2. If you are **UNDER 18 YEARS OLD** – before beginning this application, you will need to download, print and have your parent/guardian sign 2 forms - the Parental Consent Form and Assumption of Risk Form. You are required to upload this form as part of the application.



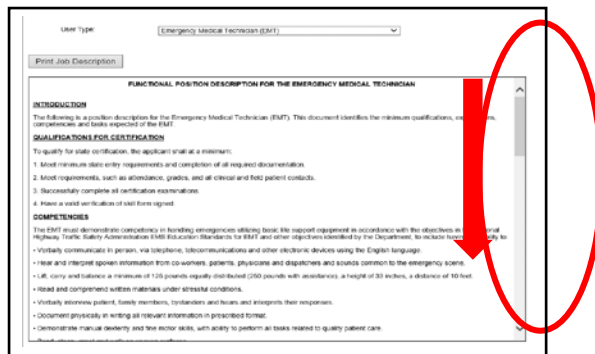
3. On the left hand side, click on “New Provider Application”.



4. Read and answer the EMS/EMSVO question. If you answer ‘yes’, you will be directed to contact your local Regional EMS Council (contact information provided). If you answer ‘no’, continue to Step 5.
5. In the “User Type” drop down box, select the appropriate level of certification you are requesting – either EMR or EMT.



6. Read the Functional Position Description for the level of certification you are requesting. You will need to scroll within that box all the way to the bottom to click on “I have read and understand the Functional Position Description (FPD).”



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

Meets all qualifications within the functional position description of the EMT.

I have read and understand the Functional Position Description (FPD):

7. The screen will refresh; read the text and then click on "Continue to EMS Application."

I have read and understand the Functional Position Description (FPD):

I have read and understand the Functional Position Description (FPD) for the level of certification selected above. I meet all the competencies listed on the FPD with or without reasonable accommodations and I have no other condition that would preclude me from safely and effectively performing all the skills and tasks of the certification level for which I am applying for as indicated above.

If an accommodation is required, I understand that I must complete the accommodation section on the application to be sent to the Bureau of Emergency Medical Services for consideration.

Continue to EMS Application

8. You will be directed to the Applicant Data – General Information Tab. Complete all fields in the General Information Tab.

Applicant Data: General Information EMS Application Education Disclosures Release and Consent

Applicant Data

Name: Last Name First Name Middle Name (Check? Double)

Address: Street Address 1 Street Address 2 (Emergency/Venue) City State Zip

County of Residence: (Select County)

Phone Numbers: Primary Phone Secondary Phone

Email Address:

Date of Birth:

Social Security Number: In lieu of a Social Security Number, I am providing a PA drivers license, PA Photo ID, or VISA number

Gender: (Select Gender)

Race: (Select Race)

Education: (Select Education)

Criminal History/Disciplinary Actions

NOTE: If you have previously reported a conviction or disciplinary action and you have been issued an Authorization Letter from the Bureau of EMS, DO NOT check YES below.

Yes No Have you ever been convicted of a crime other than a summary or similar offense?

Yes No Have you been subject to disciplinary action or had a certification or license or authority to practice any profession or occupation revoked, suspended or restricted?

Additional Information

Yes No Do you want to apply for Certification by Endorsement?

Yes No Accommodations are needed for EMS Provider Certification Information

9. Social Security # - If you have a Social Security number, but choose not to provide it, check the appropriate box and enter either your ID number (PA driver's license or PA Photo ID) or VISA number. Another tab titled, "Disclosures" will populate and you will be asked to authorize the PA Department of Health to obtain your Social Security number from the PA Department of Transportation. Your application will not be processed for certification until the PA Department of Health receives your Social Security number. This may possibly delay the issuance of your EMS Certification.

In lieu of a Social Security Number, I am providing a PA drivers license, PA Photo ID, or VISA number

ID Number:

Visa Number:

Applicant Data: General Information EMS Application Education Disclosures Release and Consent

10. If you do not have a Social Security number, check the appropriate box. Another tab titled, "SSN Waivers" will populate and you will be required to complete the waiver statement.

In lieu of a Social Security Number, I am providing a PA drivers license, PA Photo ID, or VISA number

ID Number:

Visa Number:

I don't have a Social Security Number

Applicant Data: General Information EMS Application Education Disclosures SSN Waivers Release and Consent

11. If you check "Yes" for Criminal History, another tab titled, "Criminal History" will populate and you will be required to complete additional information. If you have questions relating to convictions, click on the blue help bubble.

Criminal History/Disciplinary Actions

NOTE: If you have previously reported a conviction or disciplinary action and you have been issued an Authorization Letter from the Bureau of EMS, DO NOT check YES below.

Yes No Have you ever been convicted of a crime other than a summary or similar offense?

Yes No Have you been subject to disciplinary action or had a certification or license or authority to practice any profession or occupation revoked, suspended or restricted?

Applicant Data: General Information EMS Application Education Criminal History Release and Consent

Failure to supply the correct and complete and factual criminal history documentation will result in a delay evaluating and processing your application and will therefore delay your eligibility for Pennsylvania EMS certification and may result in the Department taking action to deny, suspend or revoke your certification as a Pennsylvania Certified EMS Provider.

12. If you check "Yes" for Disciplinary Action, another tab titled, "Disciplinary Action" will populate and you will be required to complete additional information.

Criminal History/Disciplinary Actions

NOTE: If you have previously reported a conviction or disciplinary action and you have been issued an Authorization Letter from the Bureau of EMS, DO NOT check YES below.

Yes No Have you ever been convicted of a crime other than a summary or similar offense?

Yes No Have you been subject to disciplinary action or had a certification or license or authority to practice any profession or occupation revoked, suspended or restricted?

Applicant Data: General Information EMS Application Education Disciplinary Actions Release and Consent

13. In the Additional Information section, check “No” for the Certification by Endorsement question. Read the question about Accommodations. If you need an accommodation for the EMS Psychomotor Examination only, check “Yes”. Another Tab titled, “Accommodations” will populate. You will be required to complete this section and upload supporting documents.

14. Click on the “EMS Application” Tab and complete the information only if it pertains to you; otherwise, you can leave it blank.

15. Click on the “Education” Tab. In the Current Certification Class Search section, enter the Class Number provided to you from your Education Institute and then click on Search. If you do not have the class number, you can search by entering the Education Institute Name.

16. Choose the class you wish to seek enrollment and click “Request Enrollment.”

Class Number	Course Name	Class City	Start Date	End Date	Education Institute Name	
1863245	EMT	Ivyland	01/16/2018	01/16/2018	Bucks County Emergency Health Services	Request Enrollment

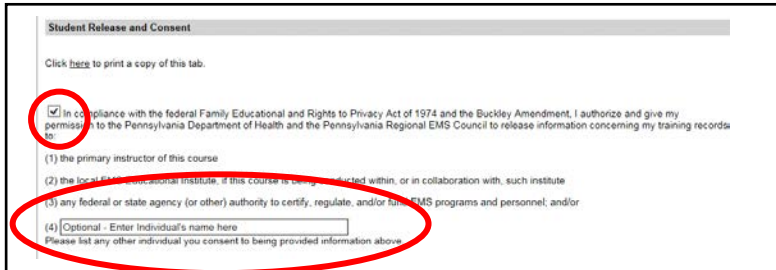
17. The class information will populate into the Current Certification Class section. Please be sure this is the class you wish to seek enrollment. The listed Educational Institute will be notified of your request to enroll and you will be responsible for any additional class registration requirements by that Educational Institute.

18. Prior Ems Educational Institutes Attended: If you have previously attended an EMS Educational Institute, you have the option to complete this section. This would only be for previous EMR, EMT, AEMT or PM classes you were enrolled in.

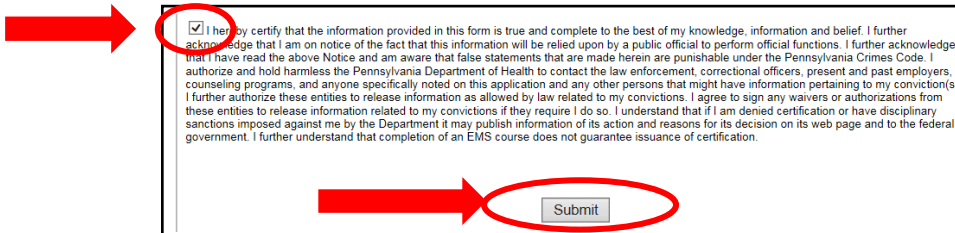
19. Click on the Release and Consent Tab.



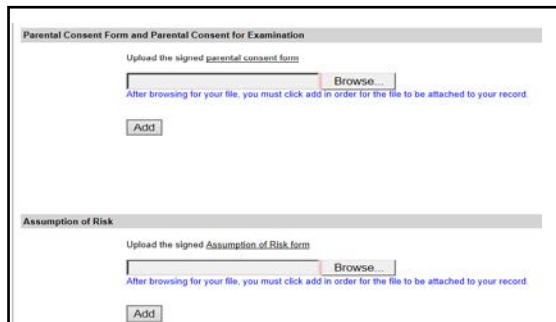
20. Read the Training Records statement. If you would like your information released to anyone else, please list their name in the appropriate box (4). Check the agreement/acknowledgement box for this statement.



21. Read the Acknowledgement Statement. Check the agreement/acknowledgement box. If you are OVER 18 years of age, Click Submit.



22. If you are UNDER 18 years of age – you are required to upload the signed Parental Consent Form and Assumption of Risk Form.



23. If you have not completed required fields, a box will appear at the top of the application page indicating what fields you need to complete. Complete those fields, click on the Release and Consent Tab again and click Submit.

24. A message box will pop-up asking if you are sure you want to submit your application. Click yes. If you receive a pop-up box stating, "There was an error submitting your application." Click Ok and contact your Regional EMS Council. If your application processed, you will receive an email indicating your application has been submitted and is being reviewed.

25. When your application is processed, you will receive an email indicating the status of your application and provide further instructions.