## **EMS Registry Job Aid for Medical Command Physician**

- \*\*\*\*\*If you have completed a Medical Command Physician Course and/or PA DOH, Bureau of EMS Protocol Update, have these documents available electronically as you will need to upload them into the application.\*\*\*\*\*
  - Using Internet Explorer, access the site: https://ems.health.state.pa.us/registry/ 1.
  - 2. On the left hand side, click on "New Provider Application."

Pennsylvania DEPARTMENT OF HEALTH	Emergency Med	lical Services	
		Contac	t Us   Online Help   Lo
Forgot User ID?			
Unlock Account/Reset			
P	access the information contained within this	site, you must first supply your User ID a	nd Password. If yo
New Provider Application	a new user, please ch	ick the New Oser hyperlink on the left.	
Maletry Help	Reminder to access your provider record	you will now log in using PA and your cer	tification number
Dublic Count	remineer to access your provider record	(PA######).	
Public Search			
	Network maintenance will start at 10:00 PM of	on July 15, 2018 and will end at 10:00 AM	I on Monday July
	2018. During this	time, you will experience downtime.	
	Hear ID:		
	User ID:	Forget Liner TD2	
		Forgot User TOP	
	Password:		
		Forgot Password?	

3. In the "User Type" drop down box, select the appropriate level of certification you are requesting – Medical Command Physician.

User Type:	Select User Type
	Emergency Medical Services Vehicle Operator (EMSVO)
	Emergency Medical Services Vehicle Operator QRS Only (EMSVO QRS)
	Emergency Medical Responder (EMR)
	Emergency Medical Technician (EMT)
	Advanced Emergency Medical Technician (AEMT)
	Paramedic (Paramedic)
	Pre-Hospital Registered Nurse (PHRN)
	Pre-Hospital Obvision Extender (DHDE)
	Pre-Hospital EMS Physician (PHP)
	Medical Command Physician (MC Physician)
	Agency Medical Diractor (Agency Med Dir)
	Facility Medical Director (MC Facility Med Dir)
	Regional Medical Director (Regional Med Dir)
	C Administrative Access (Admin Access)

4. Read the Functional Position Description for the Medical Command Physician. 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)."

	FUNCTIONAL POSITION DESCRIPTION FOR THE MEDICAL COMMAND PHYSICIAN		
INTRODUCT	ION		
The following responsibilitie	is a position description for the Medical Command Physician (MC Physician). This document identifies the minimum qualifications, and s of the MC Physician.		
QUALIFICA	nons		
To qualify an	d continue to function as a medical command physician, an individual shall;		
complete an Department	application for medical command physician certification on a form or through an electronic application process, as prescribed by the		
Be a physicia	n		
Satisfy one	of the following:		
Have succe Board of Med	sshully completed a residency program in emergency medicine accredited by a residency program accrediting body recognized by the Stat licine or the State Board of Osteopathic Medicine		
Have had a education an	n emergency medicine practice in another jurisdiction and establish to the Department that the physician has a combination of training, d emergency medicine practice that makes the physician qualified to serve as a medical command physician		
<ul> <li>Have succe</li> </ul>	ssfully completed or taught the:		
o ACLS Cour	se within the preceding 2 years		
o ATLS Cour	se		
o APLS or P/	ALS Course		
o Or other pr	ogram determined by the Department to meet or exceed the standards of these programs	ľ ľ	
Have an arra	ngement with a medical command facility to serve as a medical command physician for that facility after receiving certification as a medical sician.		
Be practicing	as an emergency medicine physician, be participating as a resident in a second or subsequent year in an emergency medicine residency EMS Registry v2.20		
patient informa	tion received from EMS providers and medical command given to EMS providers, including when the me	edical command	
woing medical	command at the scene.		
	I have read and understand the Functional Position Description (FPD):		
		EMS Regis	try y2 2 (

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



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

General Information	EMC opplication Education Medical Command Physician Release and Consent
Applicant Data	
Name:	First Name Mi
Address:	Biteel Address 1
County of Residence:	Select County
Phone Numbers:	Primary Phone Secondary Phone
Email Address:	
Date Of Birth:	In lieu of a Social Security Number, I am providing a PA drivers license, PA Photo ID, or VISA number
Social Security Numbe	r
Gender:	Select Gender V
Race:	Select Race V
Education:	Select Education ~
Criminal History/Disc	ciplinary Actions
NOTE: If you have prev NOT check YES below	viously reported a conviction or disciplinary action and you have been issued an Authorization Letter from the E
O Yes O 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 profe occupation revoked, suspended or restricted?

7. 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.

ID Number: Visa Number:	In lieu of a Social Security Number, I am providing a PA drivers license, PA Photo ID, or VISA number
Applicant Data General Information EMS	S Application Education Disclosures Release and Consent

8. 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.

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				

9. 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.

OTE: If you have p OT check YES belo	eviously reported a conviction or disciplinary action and you have been issued an Authorization Letter from the Bureau of EMS, D w.
Yes O No	Have you ever been convicted of a crime other than a summary or similar offense? ${f \mathfrak{p}}$
JYes ○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?

10. 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/Di	sciplinary Actions
NOTE: If you have po NOT check YES belo	eviously reported a conviction or disciplinary action and you have been issued an Authorization Letter from the Bureau of EMS, DO w.
● Xes ○ No ● Yes ○ No	Have you ever been convicted of a crime other than a summary or similar offense? 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 Dat	Criminal History

11. In the Additional Information section, check "No" for the Certification by Endorsement question.

Additional Informa	ation Do You want to apply for Certification by Endorsement? Accommodations are needed for EMS Provider Certification Examination.
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12. Click on the "EMS Application" Tab.

Applicant Data	Accommodations		
General Informa	ion EMS Application	Education	Release and Consen

13. EMS Certifications previously held or currently held in PA, other states, or US territories - If you are currently an EMS Provider or an Expired EMS Provider, complete this section and then click "Add Certification."

rovider Level:	
Certification#	
State:	Pennsylvania V
Expiration Date:	
	Add Cartification

- 14. CPR Card this is optional and is not required.
- 15. Returning from or Current Active Duty Military if this pertains to you, complete this section.
- 16. Professional Licenses currently held in PA, other states, or US territories Enter your Medical License information and click "Add." A text box will appear with your information that you entered.

Professional License	es currently held in PA, other states, or US territories
License Type:	
License Number:	
State:	Pennsylvania V
Expiration Date:	
	Add

- 17. Skip the Education Tab.
- 18. Click on the Medical Command Physician Tab. Please read carefully and answer all questions. Upload documents if required courses were completed.

Applicant Data			
General Informa	tion EMS Application Education	Medical Command Physician	Release and Consent

19. Click on the Release and Consent Tab. Read the statement, check the box, and click "Submit." If required fields were not completed, you will see a text box indicating what needs to be completed. You will then need to return to the Release and Consent Tab and click "Submit" again.

General Information EMS Application Education Medical Command Physician Release and Consent
Student Release and Consent
Click hotelo print a copy of this tab.
□ I here y certify that the information provided in this form is true and complete to the best of my knowledge, information and belief. I further
 accrowing that i am on notice or the ract that this information will be relead upon by a potice oriclat to perform oriclat functions. I torther acknowledge that I be read the above Notice and am aware that failse statements that are made herein are punishable under the Pennsylvania Crimes Code. I
augustize and hold harmless the Pennsylvania Department of Health to contact the law enforcement, correctional officers, present and past employers.
sombrize 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) If urther authorize these entities to release information as allowed by law related to my convictions. Jagree to sign any waivers or authorizations for authorize these entities to release information as allowed by law related to my convictions. Jagree to sign any waivers or authorizations from the second s
consistize 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 on specifically noted on this applications and any on specifically noted on this applications and any one specification as allowed by law related to my convictions. I agree to sign any waivers or authorizations from 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 as allowed by law related to my convictions in a solution and that if I am denied cartification or have adoptional in the sequel of 6.0 so Linderstand that if I am denied cartification or have bage and to the federal government. I further understand that completion of an EMS course does not guarantee issuance of cartification.
consolize and hold harmless the Pennsylvania Department of Health to contact the law enforcement, correctional officers, present and past employees, 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 estables in they require 16 as to . Inderstand that II an denied cartification or have authorizations from sense information and the target of the sense in the sequel to do so. Linderstand that II an denied cartification or have beginned sense and the sense of the sense of the sequence of the section 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.

20. A message box will appear asking if you want to submit a new EMS Application? Click "yes." A box will appear indicating "in progress" and then you will be directed back to the home screen.



21. You will then receive an email indicating your application has been submitted and received by your Regional EMS Council. After Council approval, you will receive another email with further information regarding your certification.