



Certification by Endorsement

Before beginning the on-line application, please read these instructions carefully.

1. **Out of State EMS Provider Verification (this is required for ALL states in which you have or have had a state issued EMS certification regardless of certification status)**
 - a) Print the attached form or complete the State EMS office's process to request a verification letter
 - b) If using the attached form, complete Section 1 prior to submitting the form to the State EMS office from which you are requesting verification of your certification
 - c) The State agency will complete the form and/or produce a letter directly to the PA Bureau of EMS Office at paemsoffice@pa.gov.
2. **Background Checks** - All applicants for EMS Certification by Endorsement are required to submit the following, by uploading electronically in your application:
***Please note, background checks cannot be more than 90 days old at the time a complete application is submitted. An application that is missing any of the required documents is not considered complete.**
***Background checks should not be sent directly to the PA Bureau of EMS Office.**
 - a) an official state certified criminal history from all states where you have ever had a state issued EMS certification regardless of certification status.
 - Must be an official state background check (ex. from the state police/Department of Public Safety, etc)
 - Third party background checks are not accepted
 - Self-run background checks are not accepted
 - b) an official state certified criminal history from your state of residence if other than Pennsylvania
 - California residents and Active-Duty military or military who have returned from active duty within the last twelve months are exempt.
 - Arizona residents are exempt from the state background but need to submit a Clearance Card
 - c) FBI Fingerprint Background Check – the IdentoGo code is 1KG756 – Employee >= 14 years contact with children. Be sure to include ALL pages of your background check. or instructions on how to apply for the FBI Fingerprint Background check, please refer to EMSIB 2025-09 [here](#).

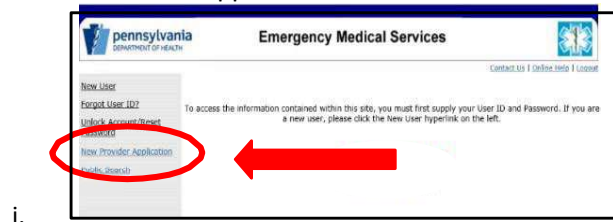
IMPORTANT - Uploading your FBI background check to the EMS Registry **DOES NOT** satisfy the requirements for reporting criminal convictions under 35 Pa.C.S. 8113 of the EMS System Act. If you have **EVER** been convicted of a crime, other than a summary or similar offense, you must select "yes" to the criminal history question on the "General Information" tab in the EMS Registry, and then complete the "Criminal History" tab. All misdemeanors, felonies, and crimes of moral turpitude must be reported **in the EMS Registry**. Failing to select yes to the criminal history question may be considered a fraudulent or deceptive procurement of a certification, and/or a failure to comply with the reporting requirements imposed on an applicant for certification, both of which are violations of the EMS System Act. A failure to report criminal convictions in the EMS Registry as required will delay processing of your application and could result in an application denial and/or other disciplinary action.

3. **Before beginning the application, you must have the following documents available electronically** to upload into the application. You will not be able to save the application to complete and upload documents at a later time.
- a) Current PA Approved CPR card (see [here](#) for list of approved courses)
 - b) NREMT and/or State EMS Certification Card (s)
 - You will need to upload copies of all current and past certification cards
 - c) All state and FBI Criminal History Clearances as outlined above

Instructions for Completing the On-Line Application

Step 1. Access the site: [EMS Registry](#)

Step 2. On the left-hand side, click on “New Provider Application”.



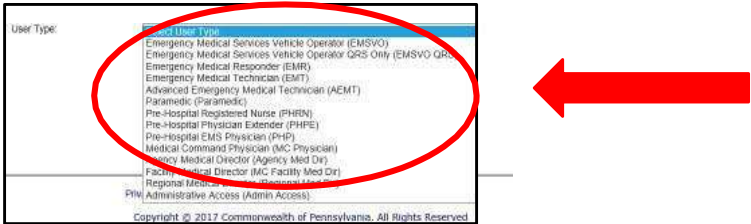
Step 3. Read and answer the question. If you check ‘yes’, you will not be able to continue any further with the application and you will be given directions on-screen to contact a PA EMS Regional Council based on your PA County of Residence or if you live out-of-state, choose the Regional Council closest to your location or the Regional Council where you will be working. If you check ‘no’, continue with the application.

Have you been an EMS Student, EMS Provider, or EMSVO in PA in the past?

☐ Yes ☐ No



Step 4. In the “User Type” drop down box, select the level of certification you are requesting.



User Type:

- Emergency Medical Services Vehicle Operator (EMSVO)
- Emergency Medical Services Vehicle Operator GRS Only (EMSVO GRS)
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Paramedic (Paramedic)
- Pre-Hospital Registered Nurse (PHRN)
- Pre-Hospital Physician Extender (PHPE)
- Pre-Hospital EMS Physician (PHPE)
- Medical Command Physician (MC Physician)
- Agency Medical Director (Agency Med Dir)
- Facility Medical Director (MC Facility Med Dir)
- Regional Medical Director (Regional Med Dir)
- Administrative Access (Admin Access)

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Step 5. Read the Functional Position Description. 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).”

The screenshot shows a form titled "FUNCTIONAL POSITION DESCRIPTION FOR THE EMERGENCY MEDICAL SERVICES VEHICLE OPERATOR QUICK RESPONSE SERVICE (QRS)". The form is divided into three main sections: "INTRODUCTION", "QUALIFICATIONS", and "RESPONSIBILITIES".

INTRODUCTION
 Emergency Medical Services Vehicle Operator (EMSVO) is an individual who is certified by the department to operate a ground EMS vehicle exclusively for a Quick Response Service (QRS) operated by an EMS agency.

QRS is an operation in which EMS providers of an EMS agency respond to an actual, reported or perceived emergency and provides EMS to patients pending the arrival of other EMS providers and resources that have been dispatched to the scene.

QUALIFICATIONS
 The Department will certify as an EMSVO an individual who meets the following qualifications:

- Completes an application for EMSVO certification
- 18 years of age or older
- Must have a current driver's license
- Shall have no addiction to alcohol or drugs
- Shall be free from physical or mental defect or disease that may impair the person's ability to drive a ground EMS vehicle
- Has successfully completed an emergency vehicle operator's course of instruction approved by the Department
- Has not been convicted within the last 4 years prior to the date of application of driving under the influence of alcohol or drugs
- Has no convictions for reckless driving or had a driver's license suspended due to use of drugs or alcohol or a moving traffic violation within the last 4 years prior to the date of application
- Shall successfully completed an EVOC following a disqualification from certification because of a conviction as identified above, regardless of whether the person successfully completed the course previously

RESPONSIBILITIES
 The EMSVO is responsible:

- 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 EMSVO.

At the bottom of the form, there is a statement: "I have read and understand the Functional Position Description (FPD):" followed by a checked box.

Red annotations on the image include a large red oval around the "QUALIFICATIONS" section, a red arrow pointing down from the top right, and a red oval around the statement "I have read and understand the Functional Position Description (FPD):" with a red arrow pointing to it from the right.

Step 6. 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](#)

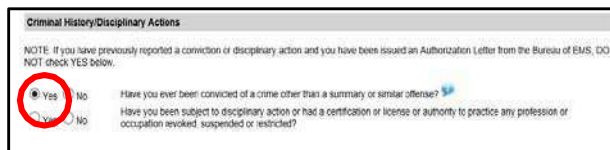
Step 7. You will be directed to the Applicant Data – General Information Tab. Complete all fields in the General Information Tab. For the County of Residence: if you live out-of-state, choose the Out of Country/State PA Regional EMS Council you will be applying to. Out-of-state applicants should choose the regional EMS council closest to your place of employment. [Regional EMS Map](#)

[illegible]

Step 8. Date of Birth – Enter your date of birth
Social Security # - Enter your Social Security number.

*** Please note, providing an inaccurate social security number may be considered fraudulent. This will delay the processing and could result in your application being denied, and/or disciplinary action.**

Step 9. Answer the Criminal History/Disciplinary actions questions accurately. If you answer “Yes”, another tab will populate, and you will be required to complete and submit additional information within this tab. Please read this information carefully. If you have questions relating to convictions, click on the blue help bubble. ***Please note, if you have any misdemeanor or felony convictions and check no to this question, your application will be considered fraudulent and subject to denial or other disciplinary action.**

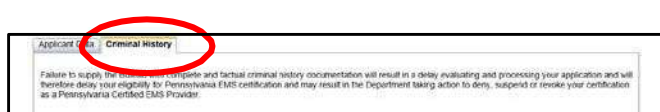


Criminal History/Disciplinary Actions

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 Criminal History

Failure to supply the complete, accurate 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.

Step 10. In the Additional Information section, check “Yes” for the Certification by Endorsement question.



Additional Information

☒ Yes ☐ No Do you want to apply for Certification by Endorsement of another State's or National Registry Certification?

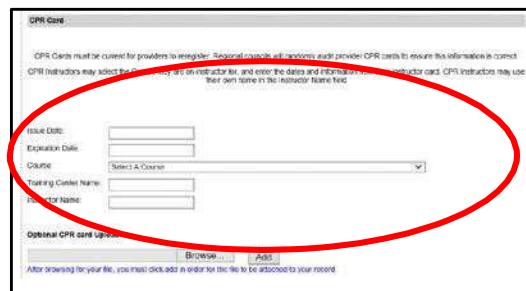
Step 11. Scroll to the top and click on the EMS Application/CPR Tab.



Applicant Data

General Information EMS Application/CPR Education FBI Background Release and Consent

Step 12. CPR Card Section – Enter your CPR card information and upload your CPR card.



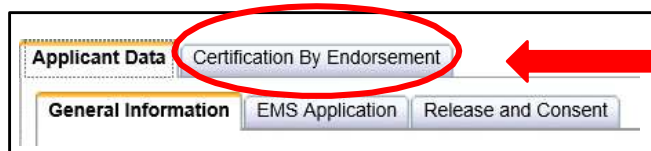
CPR Card

CPR Cards must be current for providers to re-register. Regional councils will appoint state providers CPR cards to ensure this information is correct. CPR instructors may select the course they are an instructor for, and enter the dates and instructor name. CPR instructors may use their own name in the instructor name field.

Issue Date:
Expiration Date:
Course:
Training Center Name:
Instructor Name:
Optional CPR card upload:
After browsing for your file, you must click add in order for the file to be attached to your record.

Step 13. Returning from or Current Active-Duty Military – If this pertains to you, please complete.

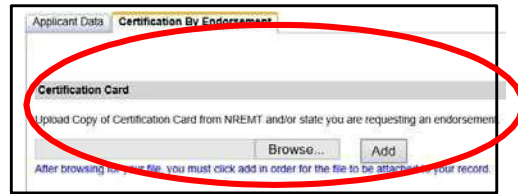
Step 14. Scroll to the top, click on the Certification by Endorsement Tab.



Applicant Data Certification By Endorsement

General Information EMS Application Release and Consent

Step 15. Certification Card section – Upload all EMS Certifications, current or expired. Be sure to include EMS certifications held with NREMT and/or other states.



Step 16. Certification by Endorsement Section – Enter the information of the certification for which you are applying for Certification By Endorsement



Step 17. State Certified Criminal History and FBI Background Check section – upload all appropriate documents.



Step 18. National Registry Certification Obtained through US Military – if this pertains to you, please complete.

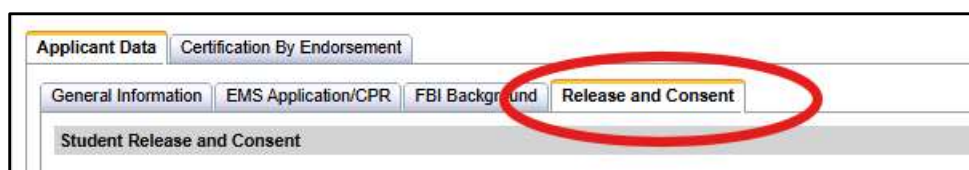
Step 19. Scroll to top. Click the Applicant Data tab.



Step 20. Another set of tabs will populate. Click the FBI Background tab. Upload your complete, current FBI Background check.
****Be sure to include all pages of your background check.***



Step 21. Click the Release and Consent Tab.



Step 22. Read the Release and Consent Statement. Check the box. Click Submit.

Applicant Data Certification By Endorsement

General Information EMS Application/CPR FBI Background Release and Consent

Student Release and Consent

Click [here](#) to print a copy of this tab.

☐ 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.

Submit

EMS Registry v10.1.0

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. Once submitted, you will receive a message that your application is in progress. After your application has been submitted, the screen will refresh to the User Type screen. You will then receive an email indicating your application has been received and is being reviewed.

The Regional EMS Council will contact you to make an appointment with their office to verify your identity. Please allow at least 14 business days for review of completed application once it is received by the Bureau. Once certified, your Regional EMS Council will mail your PA EMS Certification materials.



**Emergency Medical Services
Out of State EMS Provider Verification**
(Please print legibly)

SECTION 1 – To Be Completed By Applicant

Last Name		First Name		Middle Initial		Suffix (Jr, Sr, II, III)	
Mailing Address			City			State	Zip Code
SSN		Date of Birth:	Pa Regional EMS Council or County of Application:				

SECTION 2 - To Be Completed By Agency Verifying License or Certification

State		State License/Certification Agency		License/Certification Number	
License/Certification Level		Issue Date		Expiration Date	
				Yes	No
Is license/certification based on National EMS Education Standards or the National Standard Curriculum?				☐	☐
Is this license/certification based on an endorsement or reciprocity from another State? If yes, identify the state if known below?				☐	☐
Is the license/certification active and considered valid in your State? If No, please describe why below				☐	☐
Does your state review Criminal History checks?				☐	☐
Has your state ever taken disciplinary action against this applicant? If Yes, please describe why below				☐	☐
To the best of your knowledge, was the applicant ever convicted of a felony or misdemeanor?				☐	☐
Printed Name State EMS Official:		State EMS Official Title:		Date	
Signature:		Day Telephone		Email address	

Instructions for completing the *Emergency Medical Services Out of State EMS Provider Verification*:

1. Section 1 – To Be Completed by Applicant. Incomplete forms or endorsement packets will not be processed.
2. Send to the certifying State you are requesting endorsement from, not to the PA Department of Health.
3. The applicant is responsible for any and all fees incurred in the verification of EMS Practitioner Status for Endorsement process.

Endorsing State EMS Agency:

1. Section 2 – To Be Completed by the state agency verifying license/certification.
2. Please complete all requested information including signature and agency information.
3. Return the completed form directly to paemsoffice@pa.gov