

Bureau of Emergency Medical Services

SECTION A – PERSONAL INFORMATION

Last Name (include Maiden Name, if applicable)	First Name	Middle Name	Suffix (Jr, Sr, II, III)
Mailing Address	City	State	Zip Code
Home Telephone Number ()	Work Telephone Number ()	Email Address	

Date of Birth: _____ **Country:** _____

Certification Level:

<input type="checkbox"/> Held	<input type="checkbox"/> Current	First Responder/Ambulance Attendant (FR/AA)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Emergency Medical Responder (EMR)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Emergency Medical Technician (EMT)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Advanced Emergency Medical Technician (AEMT)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Paramedic (P)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Pre-Hospital Registered Nurse (PHRN)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Pre-Hospital Physician Extended (PHPE)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Pre-Hospital Physician (PHP)	<input type="checkbox"/> Requesting
<input type="checkbox"/> Held	<input type="checkbox"/> Current	Other _____	<input type="checkbox"/> Requesting

EMS Educational Institute Previously Attended:

Mailing Address	City	State	Zip Code
Telephone Number ()	Dates Attended:		
	Country:		

EMS Educational Institute Enrolling in or Currently Attending:

Mailing Address	City	State	Zip Code
Telephone Number ()	Country:		
	Class Number:		

EMS Certifications Previously Held Or Currently Held In Other States:

List States:

Provider Level: _____ Cert Number: _____ State: _____ Exp Date: _____

Provider Level: _____ Cert Number: _____ State: _____ Exp Date: _____

Provider Level: _____ Cert Number: _____ State: _____ Exp Date: _____

NREMT Level: _____ Cert Number: _____ Exp Date: _____

No State Certification Obtained. Initial & Current Certification Obtained Thru United States Military:			
<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marines <input type="checkbox"/> Navy
United States Military Mailing Address	City	State	Zip Code
Telephone Number			
()	Country:		

(Non-Criminal History)

Within the past 4 years, has your driver's license been suspended or revoked? Yes No
 If Yes, Driving Record Shall Be Attached.

Reason for Suspension or Revocation: _____

Date of Suspension Initiated: _____

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

- Yes – Complete Sections B, C, D, E, & F
- No – Complete Sections C, D, E, & F

A conviction includes a judgment of guilt, a plea of guilty, or a plea of nolo contendere. Accelerative Rehabilitative Disposition (ARD) is not considered a conviction.

SECTION B - CRIMINAL CONVICTIONS

Common Name of Offense & Grading (felony or misdemeanor, if known)	Date of Conviction	State of Conviction	County of Conviction

I provided my criminal history to the Bureau or a regional EMS council on a prior occasion when filing an application that was granted. **A current Pennsylvania State Police Criminal Record Check (SP4-164) and PSP Rap Sheet (SP4-1378) must be submitted to the Bureau of EMS.**

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 have been rehabilitated? Why?

Are you on probation/parole? Yes Date of completion: _____ No

Name of Probation/Parole Officer: _____ Telephone Number: _____

City/County/State of probation/parole?

Date of or projected date of completion of probation/parole?

Were you previously on probation/parole? Yes No

Name of former Probation/Parole Officer: _____ Telephone Number: _____

Was court ordered counseling classes/evaluation part of your probation/parole? Yes No (If yes, complete below)

Type of court ordered sessions:

Are you going to counseling voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below)	
Type of voluntary sessions:	
Name of Counselor:	Telephone Number:
Date or projected date of successful completion of counseling/classes:	

SECTION C – EMPLOYMENT

Company: _____	City: _____	From: _____	To: _____
Supervisor: _____	Job Duties: _____	Reason for Leaving: _____	
Company: _____	City: _____	From: _____	To: _____
Supervisor: _____	Job Duties: _____	Reason for Leaving: _____	
Company: _____	City: _____	From: _____	To: _____
Supervisor: _____	Job Duties: _____	Reason for Leaving: _____	

(Please Attach Additional Sheet or Use Back of Form for Additional Employment History)

SECTION D – DISCIPLINARY ACTION DISCLOSURE

<p>Have you been subject to disciplinary action or had a certification or license or authority to practice revoked, suspended or restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide circumstances of the disciplinary action):</p>

You must provide the following if you have been convicted of a misdemeanor or felony (not previously reported):

1. An original signed copy of this form;
2. An original Pennsylvania State Police "Request for Criminal History Check" (SP4-164) and PSP rap sheet (SP4-1378); and
3. A certified copy of the court documents making the charges, disposing of the charges, and imposing sentences for all misdemeanor and felony offenses of which you have been convicted. These documents are most commonly called a 1) Criminal Complaint, 2) an Information or an Indictment, 3) and a Sentencing Order, Judgment/Probation Order, and/or a Commitment Order. Please note that the Bureau of EMS may require you to provide other certified copies of court documents depending on the disposition of your criminal case or the nature of your conviction.

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.

If you were convicted in a Federal court or another court not part of Pennsylvania's judicial system, provide documents equivalent to those referenced in 2 and 3 above, as well as a copy of the statute under which you were convicted.

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, 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.

SECTION E – SOCIAL SECURITY NUMBER DISCLOSURE

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.

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

Name (as it appears on card)	Social Security Number

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 card)	Address (as it appears on card)	Number

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.
- (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.

SECTION F – 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. I further understand that completion of an EMS course does not guarantee issuance of certification.

_____ Printed Name

_____ Signature

_____ Date

09/12

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES
625 FORSTER STREET, ROOM 606
HARRISBURG, PA 17120

**WAIVER OF SOCIAL SECURITY NUMBER
VERIFICATION STATEMENT**

Name: _____
Last
First
Middle
Suffix (Jr, Sr, II, III)

Certification Level:

- First Responder/Ambulance Attendant (FR/AA)
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Paramedic (P)
- Pre-Hospital Registered Nurse (PHRN)
- Pre-Hospital Physician Extended (PHPE)
- Pre-Hospital Physician (PHP)
- Other _____

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 (see application form) as soon as it is obtained. Further, I understand that I will not be permitted to renew 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.

Signature

Date