

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?					<input type="checkbox"/>	<input type="checkbox"/>
Is this license/certification based on an endorsement or reciprocity from another State? If yes, identify the state if known below?					<input type="checkbox"/>	<input type="checkbox"/>
Is the license/certification active and considered valid in your State? If No, please describe why below					<input type="checkbox"/>	<input type="checkbox"/>
Does your state review Criminal History checks?					<input type="checkbox"/>	<input type="checkbox"/>
Has your state ever taken disciplinary action against this applicant? If Yes, please describe why below					<input type="checkbox"/>	<input type="checkbox"/>
To the best of your knowledge, was the applicant ever convicted of a felony or misdemeanor?					<input type="checkbox"/>	<input type="checkbox"/>
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. Deliver or mail to the license /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 to

**Pennsylvania Department of Health
Bureau of Emergency Medical Services
Room 606 Health & Human Services Building
625 Forster St
Harrisburg, PA 17120-0701**