

## CRIMINAL HISTORY REPORTING FORM CERTIFICATION/RECOGNITION

Emergency Medical Services Office  
PA Department of Health

1. **Complete both sides** (use additional sheets if necessary)
2. List **all** convictions except summary offenses.
3. Completion of a course does not guarantee certification.

Have you ever been convicted of a misdemeanor or felony?  No  Yes (If yes, complete below)  
(A "conviction" includes a judgment of guilt, a plea of guilty or a plea of nolo contendere.)

Common Name of Offense <b>LIST ALL EXCEPT SUMMARY</b>	Statute Violated	Date of Conviction	Date of Sentencing (if different)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I provided my criminal history to the EMS Office or a regional EMS council on a prior occasion when filing an application that was granted. I have not been convicted of a misdemeanor or felony offense that I have not previously reported to the EMS Office or regional EMS council.

Have you had more than one criminal conviction  No  Yes  
Describe the circumstances surrounding the crime(s) for which you were convicted: Name of Court? When? What were you doing that lead to your being charged with the crime?

\_\_\_\_\_

Explain how the passage of time since your conviction(s) should be considered in determining your present fitness to serve as a first responder, EMT, paramedic, etc.:

\_\_\_\_\_

What are you doing to avoid criminal activity and to improve yourself?

\_\_\_\_\_

Do you believe you have been rehabilitated? Why?

\_\_\_\_\_

Are you on probation?  No  Yes  
Name of Probation Officer: \_\_\_\_\_  
City/County/State: \_\_\_\_\_  
Telephone Number of Probation Officer: \_\_\_\_\_  
Date or projected date of successful completion of parole: \_\_\_\_\_

Were you previously on probation?  No  Yes (complete below for each Probation Officer)

Are you/were you on parole?  No  Yes (complete below for each Parole Officer)  
Are you/were you on mandatory supervision?  No  Yes (complete below)  
Name of Parole Officer: \_\_\_\_\_  
City/County/State: \_\_\_\_\_  
Telephone Number of Parole Officer: \_\_\_\_\_  
Date or projected date of successful completion of parole: \_\_\_\_\_

Was court ordered counseling/class(es) /evaluation part of your probation/parole?  No  Yes (complete below for each occasion)  
Are/were you going to counseling voluntarily?  No  Yes (complete below)  
If your crime was alcohol or drug related, have you taken/completed any classes or sought counseling/other outside help?  
 No  Yes If yes, to any questions, describe (use additional sheets):

Name of Counselor: \_\_\_\_\_  
City/County/State: \_\_\_\_\_  
Telephone Number of Counselor: Date or projected date of successful completion of counseling/classes: \_\_\_\_\_

Provide the following information regarding your employment activity before and after the crime(s)

Company \_\_\_\_\_ City \_\_\_\_\_ Supervisor \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 Job Duties \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ City \_\_\_\_\_ Supervisor \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 Job Duties \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ City \_\_\_\_\_ Supervisor \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 Job Duties \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ City \_\_\_\_\_ Supervisor \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 Job Duties \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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

1. **An original signed copy of this form. (APPENDIX F, 6/27/05).**
2. **An original Pennsylvania State Police "Request for Criminal Record Check" (SP4-164); and PSP rap sheet - (SP4-1378).**
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 an Information or an Indictment, and a Judgment/Probation and Commitment Order.**

You are encouraged to provide letters from probation/parole officer; 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, that action may impact upon any certification or recognition you have received or may receive from the Department.

**NOTICE --** Section 4904 of the 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.

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 Codes. I authorize 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 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.

\_\_\_\_\_  
 Name (print) Signature Date

**Authority:**  
 Section 9124(c) of the Criminal History Record Information Act, 18 Pa.C.S. Section 9124 (c) confers discretion upon the Department to refuse to grant a certification, recognition or recertification, or to impose disciplinary sanctions when the applicant, or a certified or recognized prehospital practitioner, has been convicted of a felony or a misdemeanor which relates to the profession.

Section 11 (j.1)(1)(xiv) of the Emergency Medical Services Act, 35 P.S. Section 6931 (j.1)(1)(xiv), confers discretion upon the Department to refuse to issue a certification, recognition or recertification, or to impose disciplinary sanctions when the applicant or a certified or recognized person, has been convicted of a felony or crime involving moral turpitude.