

EMS Registry Job Aide for Con-Ed Sponsors.

Submit Renewal / Amend or
Add Con-Ed sponsor





To access the agency associated with your account you must first log into the PA EMS registry using your username and password.



Once you are logged in, hover over "Organization" and then click "EMS System Organization".



Once you click EMS System organization a tan colored box will appear with the agency that is associated with your account. Then click Manage.

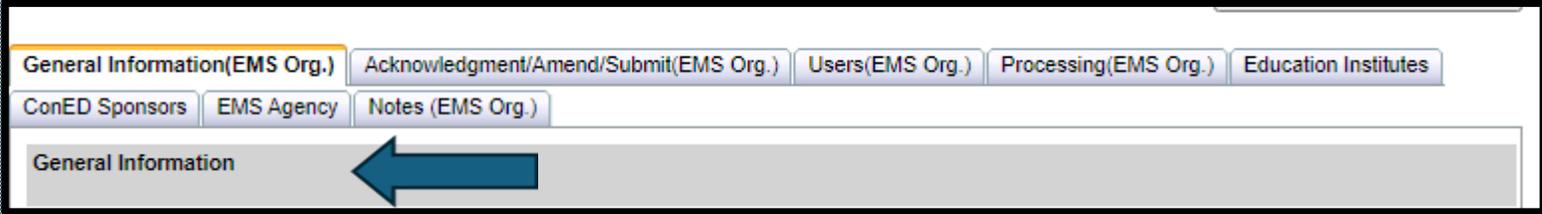


EMS System Organization Associated With Your Account

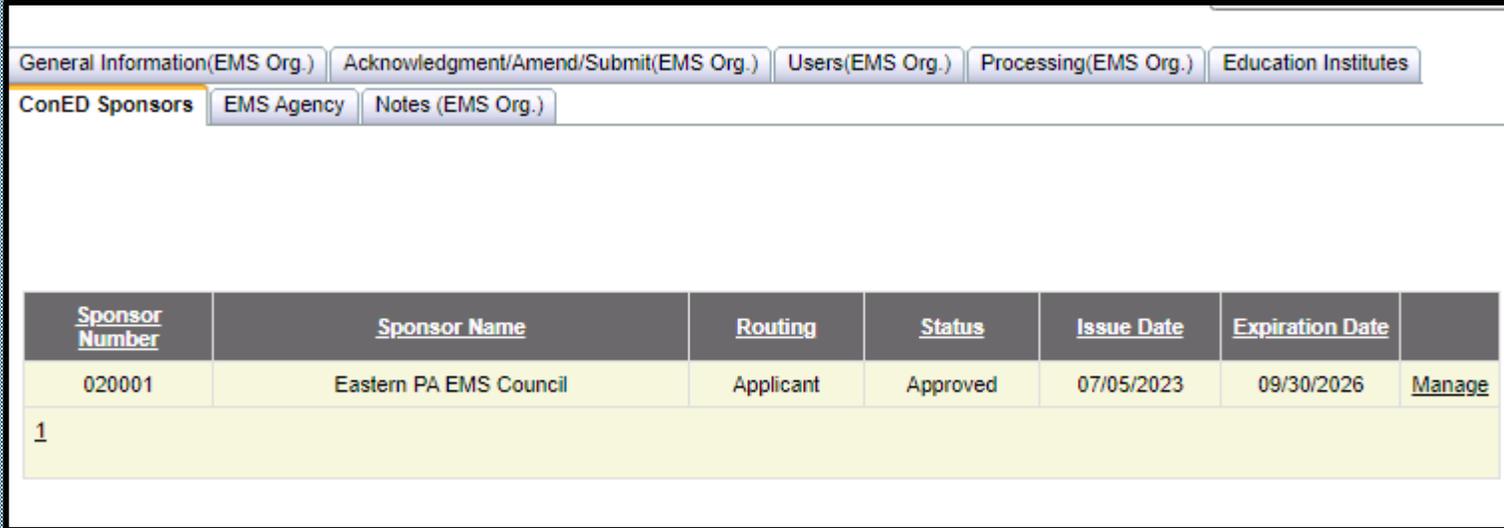
Business Name	Routing	Status	
Eastern Pennsylvania Emergency Medical Services Council	Applicant	Approved	Manage
1			



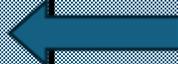
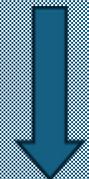
EMS System Organization Search



The first set of tabs will be “General Information (EMS Org.) affiliated tabs. To access the Con-Ed Sponsors, click “Con-Ed Sponsor” tab.



This will show you active con-ed sponsor sites associated with your EMS Agency. To access your Con-Ed Sponsor Application, click “manage”



[General \(ConED Sponsor\)](#) |
 [Acknowledgement \(ConED Sponsor\)](#) |
 [Users \(ConED Sponsor\)](#) |
 [Processing \(ConED Sponsor\)](#)

[Associations \(ConEd Sponsor\)](#) |
 [Notes \(Sponsor\)](#)

General Information

[Print Cert Materials](#)

Click [here](#) to populate fields with EMS System Organization data.

Sponsor Name:

Doing Business As: ← **D.B.A.**

Phone Numbers:
Primary Phone Secondary Phone Fax Number

Website Address:

Principle Business:

ConED Level:

Physical Address ← **Address**

Address:
Address Line 1 Address Line 2

City Zip Zip+4

County:

Mailing Address

Address: Same as location address

Address Line 1 Address Line 2

City Zip Zip+4

Contact Person

Name:
First Name Last Name

Title:

Phone Numbers:
Primary Phone Secondary Phone

Email Address:

← **Contact**

General Information Tab

General Information. If your agency utilizes a “Doing Business As (DBA) it must be a registered fictitious name with the Pennsylvania Department of State. [Pa Department of State](#)

↓

Physical Address/Mailing Address. If your physical address differs from your mailing address, be sure to enter both addresses.

↓

Contact Person. The primary contact regarding questions with your application and to schedule inspections



Submit Sponsor Amendment Cancel

Number: 020001
Name: Eastern PA EMS Council
Issue Date: 7/5/2023
Expiration Date: 9/30/2026

General (ConED Sponsor) Acknowledgement (ConED Sponsor) Users (ConED Sponsor) Processing (ConED Sponsor)
Associations (ConEd Sponsor) Notes (Sponsor)

Acknowledgment

As the person, or other entity, as an owner, agent or otherwise, do hereby certify that the information provided in this application is true and complete to the best of my knowledge, information and belief.

Sponsor Acknowledgement

I hereby agree, that if granted accreditation as a continuing education sponsor, the agency and it designated users shall follow all rules and regulations established by the Department and will uphold the responsibilities of an accredited continuing education sponsor. I further acknowledge that failure to do so may result in withdrawal or non-renewal of accreditation. In addition, the agency agrees that all continuing education programs offered/registered with the Department shall meet the following minimum standards:

1. The courses must be of intellectual and practical content.
2. The courses must contribute directly to the professional competence, skills and education of EMS providers or EMSVOs.
3. The course instructors shall possess the necessary practical and academic skills to conduct the course effectively.
4. Course materials shall be well written, carefully prepared, readable and distributed to attendees at or before the time the course is offered whenever practical.
5. The courses shall be presented by a qualified responsible instructor in a suitable setting devoted to the educational purpose of the course.

Sections Changed

[Empty text box for sections changed]



Acknowledgement (Con-Ed Sponsor)

Once you made all necessary changes, in the below text box, document what was changed. If you are submitting a renewal application, in the text box, type renewal application.

You must click the check box in the top left. Then click submit.





Once you submit the renewal application, it will be sent to the Regional EMS Council for approval. Once the application is processed, the Regional EMS Council responsible for your Con-Ed Sponsor site will print an updated certificate and mail it to the address on the application.



Adding Con-Ed Sponsor to an existing EMS Organization.

Home Inbox Education ▶ EMS Provider ▶ Organization ▶ Reports Administration ▶ Help ▶ Downloadable Files ▶ Logoff

Session Timeout: 19: 11 EMS Agency Search EMS System Organization Medical Command Facility **System Org.** Friday, January 5, 2024

EMS System Organization Associated With Your Account

<u>Business Name</u>	<u>Routing</u>	<u>Status</u>	
Eastern Pennsylvania Emergency Medical Services Council	Applicant	Approved	Manage
1			

EMS System Organization Search

To add Con-ed Sponsor to your already existing EMS Organization. You must first log into the PA EMS registry using your username and password



Once you click EMS System organization a tan colored box will appear with the agency that is associated with your account. Then click Manage.

Manage

General Information

Application Types: Sponsor Education Institute EMS Agency (Check all that apply)

Sponsor

General (ConED Sponsor) Acknowledgement (ConED Sponsor) Users (ConED Sponsor) Processing (ConED Sponsor)
Associations (ConEd Sponsor) Notes (Sponsor)

General Information

Print Cert Materials

Click [here](#) to populate fields with EMS System Organization data.

Sponsor Name:

Doing Business As:

Phone Numbers:

Website Address:

Principle Business:

ConED Level:

D.B.A.

Physical Address

Address:

Address Line 1 Address Line 2

Pennsylvania

City Zip Zip+4

County:

Address

Mailing Address

Address: Same as location address

Address Line 1 Address Line 2

Pennsylvania

City Zip Zip+4

Contact Person

Name:

Title:

Phone Numbers:

Primary Phone Secondary Phone

Email Address:

Contact

Once you click Manage. On the top of the EMS Organization tab click Sponsor.

Once you click the Sponsor box, the Con-Ed Sponsor tab will auto populate.

General Information. If your agency utilizes a DBA it must be a registered fictitious name with the Pennsylvania Department of State.

Physical Address and Mailing Address. If your physical address differs from your mailing address, be sure to enter both addresses

Contact person. The primary contact regarding questions with your application and to schedule inspections.

General Information(EMS Org.) Acknowledgment/Amend/Submit(EMS Org.) **Users(EMS Org.)** Processing(EMS Org.) Education Institutes

ConED Sponsors EMS Agency Notes (EMS Org.)

Associated Users

Login Name	First Name	MI	Last Name	Region	Role		
------------	------------	----	-----------	--------	------	--	--

Users Tab

It is suggested that each agency have two individuals listed as a user. To be added as a user they **MUST** be listed as a user in the EMS Organization tab. In order to add an individual to your EMS Organization, click **add** and enter name or certification number and click search. Select the provider and then select if they are a user or an administrator.

If the listed user/users are no longer affiliated with the agency and the agency needs to add users the agency **MUST** email a letter, on company letter head, to the EMS Council requesting assistance to add a user.

The letter **MUST** clearly identify who should be listed as a user on the application. The letter **MUST** be signed by the President or Vice President.

Once the regional council receives the letter, the regional council can make the necessary changes.

Add



General (ConED Sponsor) **Acknowledgement (ConED Sponsor)** Users (ConED Sponsor) Processing (ConED Sponsor)

Associations (ConEd Sponsor) Notes (Sponsor)

Acknowledgment

As the person, or other entity, as an owner, agent or otherwise, do hereby certify that the information provided in this application is true and complete to the best of my knowledge, information and belief.

Sponsor Acknowledgement

I hereby agree, that if granted accreditation as a continuing education sponsor, the agency and it designated users shall follow all rules and regulations established by the Department and will uphold the responsibilities of an accredited continuing education sponsor. I further acknowledge that failure to do so may result in withdrawal or non-renewal of accreditation. In addition, the agency agrees that all continuing education programs offered/registered with the Department shall meet the following minimum standards:

1. The courses must be of intellectual and practical content.
2. The courses must contribute directly to the professional competence, skills and education of EMS providers or EMSVOs.
3. The course instructors shall possess the necessary practical and academic skills to conduct the course effectively.
4. Course materials shall be well written, carefully prepared, readable and distributed to attendees at or before the time the course is offered whenever practical.
5. The courses shall be presented by a qualified responsible instructor in a suitable setting devoted to the educational purpose of the course.

Sections Changed

 Changes

EMS Registry v4.7.3

Acknowledgment (Con-Ed Sponsor)

Once you fill out all the required information. Click the Acknowledgment tab. Click the check box.





In the sections changes box. Type in new accreditation.



On the top of the page click Submit Sponsor.

Submit Sponsor Amendment
Cancel

