

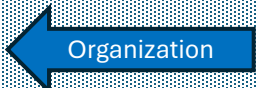
EMS Registry Job Aid for EMS Managers & Leadership

Submitting an Amendment/Renewal application.

EMS Agency Tab



- EMS Agency Search
- EMS System Organization
- Medical Command Facility

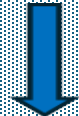


EMS System Organization Associated With Your Account

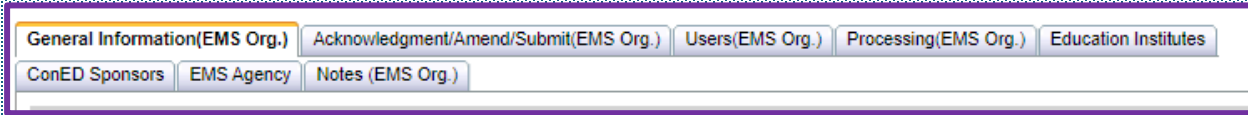
Business Name	Routing	Status	
Eastern Pennsylvania Emergency Medical Services Council	Applicant	Approved	Manage

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

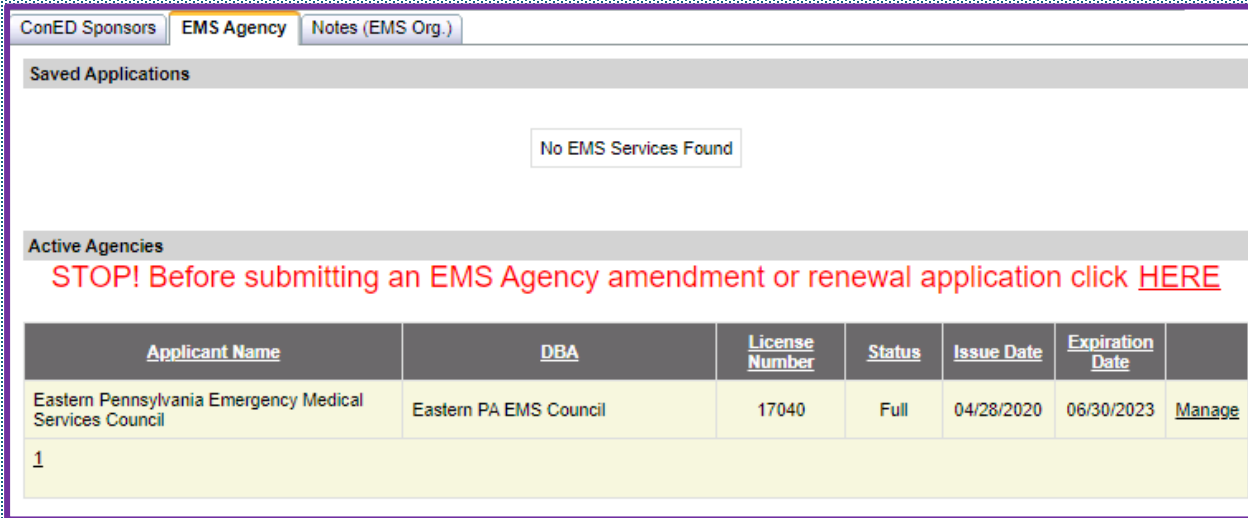
Once you are logged in, hover over "Organization" and then click "EMS System Organization".



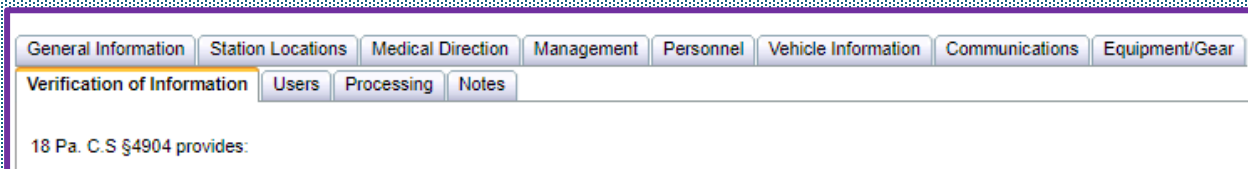
Once you click EMS System organization a tan colored box will appear with the agency that is associated with your account. Then click Manage.



The first set of tabs will be “General Information (EMS Org.) affiliated tabs. To access the EMS Agency, click “EMS Agency” tab.



Once you click the EMS Agency Tab. It will bring you to the Active Agencies and display applications associated with your agency. To access your EMS Agency application, click “manage”.



You are now in your EMS Agency application.



General Information Tab.

Service Name. If your agency utilizes a Doing Business As (DBA) it must be a registered fictitious name with the Pennsylvania Department of State.

Level of Service. List all levels of service your agency is licensed at.
**If your agency operates as an ALS/IALS Ambulance or Squad, you also operate a BLS Ambulance and Squad. Everything that is ALS/IALS is also BLS.*

Administrative Headquarters and Mailing Address. If your administrative headquarters 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. **A secondary contact person is now required.** This is the individual who can be contacted if the primary contact person cannot be reached.

Legal Entity Type. Federal Entity, Corporation (for-profit or non-profit), Municipal Owned.

Service Ownership. Fire, Municipal/Government Owned, Hospital, or Other.

Type of Organization. For-Profit or Non-Profit

Once this section is complete place a check mark in the check box "I verify the information on this tab is true and correct".

Service Name

Level Service

Address

Contact

Entity Type

Service

Organization

Service Name

Click [here](#) to populate fields with agency data.

Affiliate Number:

Legal Name of Corporation:

Doing Business As:

When adding or removing items from this list, for the change to save, you must submit your application by going to the "Verification of Information" tab and clicking the "Submit" button.

Name	Submit
Eastern PA EMS Council	<input type="button" value="Submit"/>

Doing Business As Name:

Level of Service:
Check all that apply

- Quick Response Service
- Basic Life Support Ambulance
- Basic Life Support Squad
- Intermediate Advanced Life Support
- Intermediate Advanced Life Support Squad
- Advanced Life Support Ambulance
- Advanced Life Support Squad
- Critical Care Transport Ambulance
- Air Ambulance

Administrative Headquarters

Physical Address:

Address Line 1: Address Line 2:

City: State: Zip:

Select County:

Phone Numbers:

Health Care Coalition:

Mailing Address

Same as Headquarters Address

Mailing Address:

Address Line 1: Address Line 2:

City: State: Zip:

Contact Person

Please enter the name of the person that the regional council should contact regarding application questions and to schedule inspections.

Name:

Title:

Phone Number: ext.

Cell Phone Number:

Email Address:

Secondary Contact Person

Please enter the name of the second person that the regional council should contact regarding application questions and to schedule inspections.

Name:

Title:

Phone Number: ext.

Cell Phone Number:

Email Address:

Legal Entity Type

Please select the most appropriate. Most EMS agencies will select "Corporation".

- Federal Entity
- Corporation (For-Profit or Non-Profit)
- Municipal Owned

Service Ownership

Please select the most appropriate. Most EMS agencies will select "Other".


- Fire
- Municipal/Government Owned
- Hospital
- Other

Type of Organization

Please select the most appropriate. Most EMS agencies will select "Non-Profit".

- For-Profit
- Non-Profit

I verify the information on this tab is true and correct.



Main Station Location

Copy Address From Administrative Headquarters

Address Line 1:

Address Line 2:

City:

County:

State:

ZIP:

Phone Number:

Substation Locations

[Export to Excel](#)

No Station Locations Selected

Address:

City:

County:

State:

ZIP:

Phone Number:

System Status Management

Does your agency use System Status Management? Yes No

Service Areas

Agency has first due 911 coverage for a municipality in Pennsylvania: Yes No

Please identify the municipalities in Pennsylvania for which your agency has been assigned or designated first due for 911 dispatches.

No Service Area Selected

I verify the information on this tab is true and correct.

← Main Station

← Substations

← Status Systems

← Service Area



Station Locations Tab.

Main Station. For most agencies this is where the administrative headquarters is located.

Substations. Any other location where a vehicle is housed and operates out of.

System Status Management. does your agency track and strategically position units to optimize response times.

Service Area. “Agency has first due 911 coverage for a municipality in Pennsylvania”. To add a municipality click add and type in the name of the municipality and the county and search. To add this municipality, place a checkmark in the checkbox and select add. To delete a municipality click delete. It’s important that this service area is ALWAYS up to date.

Once this section is complete place a check mark in the check box “I verify the information on this tab is true and correct”.

General Information Station Locations **Medical Direction** Management Personnel Vehicle Information Communications

Equipment/Gear Verification of Information Users Processing Notes

Medical Director

Please enter contact information the Bureau of EMS can use to communicate directly with the Medical Director. This should not be the agency phone number or a generic email address.

First Name:

MI:

Last Name:

Phone Number:

Email Address:

License Number:

License Expiration Date:

I verify the information on this tab is true and correct.



Medical Direction Tab

Contact information (phone and email) should not be generic contact information.

Once this section is complete place a check mark in the check box "I verify the information on this tab is true and correct".

General Information | Station Locations | Medical Direction | **Management** | Personnel | Vehicle Information | Communications | Equipment/Gear

Verification of Information | Users | Processing | Notes

Management Team

Please use the search feature below select and add members of the management team. The management team is considered to be anyone who has operational control over the EMS Agency such as: President, CEO, Executive Director, Chief, Operations Manager, EMS Captains, EMS Lieutenants etc.

If the member of management is not found in the EMS Registry please contact your regional EMS Council for instructions on how to complete an Administrative Access application.

Typically management teams consists of 2 or more people.

Management Team

No Management in list

Search

Criminal Convictions and Disciplinary Actions

Yes No Has any member of the applicant's team been convicted of a misdemeanor or felony, or had discipline imposed against a license, certification or other authorization to practice a health care occupation or profession?

Yes No Has any member of the applicant's management team had a financial interest in or served as a member of the management team of an ambulance service that was convicted of a misdemeanor or felony, or had discipline imposed against it's license while that member had a financial interest in the ambulance service or served on it's management team?

Management Service Contracts

This only applies to agencies who are managed or staffed by another agency through a management agreement. Billing company agreements are not management service contracts for the purposes of this application.

Choose File No file chosen Add

After browsing for your file, you must click add in order for the file to be attached to your record.

Please upload a copy of any management service contracts

Agency Emergency Contact

Please supply emergency contact information so that an agency representative can be contacted 24/7 in the event of an emergency, such as a line of duty death, vehicle crash, mass casualty incident, or infection control issue. This number may be a personal cell phone of a member of the management, an on call supervisor phone number, or a non emergency number for your primary PSAP to have a pager activated.

Primary Emergency Contact (This MU&T be an individual's name and contact information)

Name:

Title:

Phone Number:

Alternate Emergency Contact

Alternate contact may be an individual name or a position such as "On Duty Supervisor" or "Manager on Call"

Name:

Title:

Phone Number:

I verify the information on this tab is true and correct.

Management Team

Criminal Convictions

Management Contracts

Emergency Contacts



Management Tab

Management Team. At a minimum two individuals should be listed. *If you are attempting to add someone to the management team and they are not an EMS Provider, they will need to create an account in the EMS Registry System for Administrative.*

Criminal Conviction. Check as applicable

Management Service Contracts. This is when an agency has a staffing agreement or manages another EMS Agency. A copy of the agreement must be uploaded.

Agency Emergency Contact. This is the individual who can be reached 24/7 in case of an emergency. The alternate emergency contact can be listed as on duty supervisor, or manager on call.

Once this section is complete place a check mark in the check box "I verify the information on this tab is true and correct".



General Information Station Locations Medical Direction Management **Personnel** Vehicle Information Communications Equipment/Gear

Verification of Information Users Processing Notes

Agency Roster

Please use the search feature below to add EMS practitioners to your agency roster. All personnel who may be utilized to make a legal crew should be added to the Agency Roster.

Expired providers are listed in red.

No Roster Specified

Practitioner Search

First Name:

Last Name:

Certification Number:

Roster Totals

These numbers are calculated from the agency roster above. Please note only the primary certification is calculated. If a provider has an EMSVD option it will not calculate in this field.

EMT: 1
 Paramedic: 0
 EMR: 0
 PHRN: 0
 PNP: 0
 PHPE: 0
 ADMT: 0
 EMSVD: 0
 CCT/Flight Personnel: 0

Pre-hospital Personnel

Paid: 1
 Volunteer: 0

Response Plan

Will your EMS Agency provide service at the highest level licensed 24 hours a day, 365 days a year? Yes No
 If EMS is the highest level licensed, and at a minimum BLS is provided 24 hours a day, 365 days a year, mark yes.

Please upload a copy of the response plan.

No file chosen

After browsing for your file, you must click add in order for the file to be attached to your record.

Does the agency participate in an approved county-wide or broader level EMS response plan? Yes No

Staffing Plan

Agency agrees to meet the minimum staffing requirements for all levels of service provided.

Pediatric Emergency Care Coordinator (PECC)

If your organization has a designated Pediatric Emergency Care Coordinator please enter the information below. For additional information and resources for the Pediatric Emergency Care Coordinator click [here](#).

Pediatric Emergency Care Coordinator (PECC) Search

First Name:

Last Name:

Certification Number:

I verify the information on this tab is true and correct.

← Agency Roster

← Roster Totals

← Response Plan



Personnel Tab

Agency roster. The roster should be kept up to date. There is no need to submit an amendment to change the roster. If a provider on the roster shows red it means that provider has an expired certification. The registry will not allow you to submit an application with an expired provider. To add a provider to your roster enter their name or certification number, click search. When they appear in the search click select and select paid or volunteer, click add.

Roster Totals. After you add or delete providers this will break down the number of providers by certification.

Response Plan. Does the EMS Agency staff 24/7 at the highest level on which you are licensed as? If your agency does not, click no. Does the agency participate in an approved county-wide or broader level EMS Response plan (needs to be approved by the Bureau of EMS). Select yes or no.

Pediatric Emergency Care Coordinator (PECC). Does your agency participate? If so, enter the name or certificate number of the agency coordinator, search and then click select and enter the coordinators email address and phone number.

Once this section is complete place a check mark in the check box "I verify the information on this tab is true and correct".



General Information Station Locations Medical Direction Management Personnel **Vehicle Information** Communications

Equipment/Gear Verification of Information Users Processing Notes

Ground Vehicles

Ambulance: 0
Squad: 0
QRS: 0

No Vehicles in list

Model Year:

Make:

Plate:

VIN:

Passed Inspection On:

Vehicle Type:

Out Of Service:

I verify the information on this tab is true and correct.



Vehicle Information Tab

All vehicles the agency intends to use are required to be listed on the application. If you take a unit out of service permanently, the vehicle needs to be removed from the EMS Agency application, the DOH decals MUST be removed and returned to the EMS council office.

Make sure all information being entered is correct. Enter the vehicle model year, make, plate (EV plates are not mandatory), VIN, and the vehicle type.

If you applied to have an EV plate you do not need to wait until the plate arrives to have the vehicle inspected. Once you receive the EV plate you MUST amend the application to reflect the change in license plate.

Once this section is complete place a check mark in the check box "I verify the information on this tab is true and correct".

General Information Station Locations Medical Direction Management Personnel Vehicle Information **Communications**

Equipment/Gear Verification of Information Users Processing Notes

Communications Capabilities

Primary means of communication with the PSAP must be via radio.

What does your agency use for back up communications? Cell Phone MDT Secondary Radio/Frequency

Are you dispatched by a county or municipal PSAP? Yes No

Are your vehicles equipped with Mobile Data Terminals? Yes No

Are your vehicles equipped with Broadband Internet Access? Yes No

Are your vehicles equipped with agency provided cell phones? Yes No

I verify the information on this tab is true and correct.



Communication Tab.

The primary means of communication to the PSAP MUST be via radio. If you list a 911 coverage area in station location, you MUST click YES for are you dispatched by a county/municipality PSAP.

Once this section is complete place a check mark in the check box "I verify the information on this tab is true and correct".

General Information Station Locations Medical Direction Management Personnel Vehicle Information **Communications** **Equipment/Gear**

Verification of Information Users Processing Notes

Equipment/Gear

Please Identify how many of each of the sets of gear below you have. IALS/ALS/CCT Gear should include the required BLS equipment to be considered a set of gear. The number of transport ambulances you are licensed and authorized to operate will be the lesser of Sets of Gear, Vehicles, or Cots.

QRS

BLS

IALS

ALS

CCT

Air

How many functioning cots with 5 straps does your agency have? This will factor in to the total number of transport ambulances you are licensed and authorized to operate.

Pediatric Voluntary Recognition Program

Do you Participate in the Pediatric Voluntary Recognition Program Yes No

I verify the information on this tab is true and correct.



Equipment/Gear Tab

List how many sets of gear your EMS Agency is licensed for. For example, if an agency has 10 ambulances, enter 10 for BLS, if you have 4 sets of ALS gear then enter 4 for ALS. This will factor into the total number of transport ambulances you are licensed and authorized to operate.

Once this section is complete place a check mark in the check box "I verify the information on this tab is true and correct".



18 Pa. C.S. §4904 provides:

A person commits a misdemeanor of the second degree if, with the intent to mislead a public servant in performing an official function, the person:

- 1. Makes any written false statement which the person does not believe to be true;
- 2. Submits or invites reliance on any writing which the person knows to be forged, altered or otherwise lacking in authenticity; or
- 3. Submits or invites reliance on any sample, specimen, map boundary mark, or other object, which the person knows to be false.

A person commits a misdemeanor of the third degree if the person makes a written false statement which the person does not believe to be true, on the pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable. On behalf of the applicant, I acknowledge having read the above statement and certify:

- a. That all data and information in this application and any appendices are true and correct to the best of my knowledge and belief.
- b. That the application has been duly authorized by the applicant.
- c. That the applicant will operate in accordance with applicable statutes and regulations.

This application is being submitted by direction of:

Full Name:

Title:

Date:

Please upload the authorization letter on Company Letterhead signed by the individual listed above if other than the person submitting the application.

No file chosen

After browsing for your file, you must click add in order for the file to be attached to your record.

Please indicate what has changed on the application before submitting.

- Contact Person Updated
- Management Team Updated
- Medical Director Updated
- Vehicles/Aircraft Added/Deleted
- Sets of Equipment Added/Deleted/Changed
- Other

I have read and I accept the above terms and conditions



You must complete all sections listed at the top of the page before clicking submit.

Verification of Information Tab

This is the last tab that needs to be completed in order to submit an EMS Agency application.

Enter your name, and title. If you click in the date box a calendar will appear and it will have today's date. If you click today's date it will populate the date box.

Check all appropriate boxes.

Once this tab is complete you will click "I have read, and I accept the above terms and conditions".

If your agency is within 120 days of expiring, you will have the option of submitting an amendment or renewal. Once you select either amendment or renewal the screen will go grey and a white box will appear and ask are you sure, click yes.



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.

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.

Login Name	First Name	MI	Last Name	Region	Role		
pa059202	JOHN	G	KLOSS	Eastern PA EMS Council, Inc.	Administrator	Edit	Delete
pa116718	JASON	T	SMITH	Eastern PA EMS Council, Inc.	Administrator	Edit	Delete
1							

Links

Pa EMS Registry

[EMS Registry \(state.pa.us\)](https://www.state.pa.us/ems)

Licensure Process Documents/Checklist

[Licensure Process Documents / Checklists - Eastern PA EMS Council | Eastern PA EMS Council \(easternemscouncil.org\)](https://www.easternemscouncil.org/ems-licensure-process-documents-checklists)

EMS Agency Medical Director Agreement

[Licensure Process Documents / Checklists - Eastern PA EMS Council | Eastern PA EMS Council \(easternemscouncil.org\)](https://www.easternemscouncil.org/ems-licensure-process-documents-checklists)

