

EMS Registry Job Aid for EMS Manager & Leadership

Submitting Amendment Application

EMS Org. Tab



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

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

General Information

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

Parent Company Name:

Parent Company Tax ID:

Doing Business As:

PA Vendor Number:

Phone Numbers:

Agency Website Address:



Physical Address

Address:

Address Line 1 Address Line 2

City

County:



Mailing Address

Address: Address is the same as the Physical Address

Address Line 1 Address Line 2

City



President/CEO Contact Information

[Search Registry](#)

Name

Title

Phone Numbers:

Email Address:



Secondary Contact Information

[Search Registry](#)

Name

Title

Phone Numbers:

Email Address:



The first set of tabs will be “General Information (EMS Org.) affiliated tabs.

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

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

President/CEO Contact Information. The primary contact regarding questions with your application. **A secondary contact person is now required.** This is the individual who can be contacted if the President/CEO cannot be reached.

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.

Notice

I further acknowledge that I am on notice of the fact that this information herein will be relied upon by a public official to perform official functions. I further acknowledge that I have read this Notice and am aware that false statements that are made herein are punishable under the Pennsylvania Crimes Code.

I understand that as the person, or other entity, as an owner, agent or otherwise, by completing this application and or any subsequent applications for an EMS agencies, does not guarantee issuance of certification, accreditation and or license to operate, conduct, maintain, advertise or otherwise engage in or profess to be engaged in operating an EMS agency in this Commonwealth.

I further understand, if license, certification and or accreditation is denied or have disciplinary sanctions imposed against it by the Department it may publish information of its action and reasons for its decision on its web page and to the federal government.

Sections Changed



Submit EMS System Organization Amendment

Acknowledgment/Amend/Submit (EMS Org.)

Once you made all necessary changes, in the text box, document what was changed.

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

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		
pa116718	JASON	T	SMITH	Eastern PA EMS Council, Inc.	Administrator	Edit	Delete
pa191827	CHRISTOPHER	M	CONFALONE	Eastern PA EMS Council, Inc.	Administrator	Edit	Delete
pa059202	JOHN	G	KLOSS	Eastern PA EMS Council, Inc.	Administrator	Edit	Delete
pa191830	APRIL		LISKOWACKI	Eastern PA EMS Council, Inc.	Administrator	Edit	Delete
pa182294	JONATHAN	R	HENRITZY	Eastern PA EMS Council, Inc.	Administrator	Edit	Delete

User (EMS Org.)

It is suggested agencies have two individuals listed as a users.

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 on company letterhead and **MUST** be signed by the President or Vice President.

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

If you want to list an individual who is not a provider the individual **MUST** create an account in the registry and apply for administrative access.

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

ConED Sponsors EMS Agency Notes (EMS Org.)

Search For User

Login Name:

First Name:

Last Name:

Regional Council:

EMS Registry v4.7.3