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This Job Aid is for current PA EMS Providers who a higher level PA EMS Certification

1. Log into the EMS Portal. In the Applicant Data – General Information Tab: review and update your address, email and phone number if needed. If you update any field, click the Update Data box

Applicant Data Certifications Con-Ed Notes
General Information EMS Application Education

Applicant Data
Name: First Name Last Name Select Suffix
Address: Street Address 1 Street Address 2
City Pennsylvania ZIP ZIP-4
County of Residence: Select County
Phone Numbers: Primary Phone Secondary Phone
Email Address:
Date Of Birth: 1
Social Security Number: In lieu of a Social Security Number, I am providing a PA drivers license, PA Photo ID, or VISA number
Gender: Female
Race: Caucasian
Education: High School
Update Data

2. Criminal History/Disciplinary Action Section – Answer both questions. If you answer ‘yes’ to either question, you will be directed to additional tabs where you will need to complete and upload further documentation.

Driver suspension 3rd question possibly.

Criminal History/Disciplinary Actions
NOTE: If you have previously reported a conviction or disciplinary action and you have been issued an Authorization Letter from the Bureau of EMS, DO NOT check YES below.
 Yes No Have you ever been convicted of a crime other than a summary or similar offense?
 Yes No Have you been subject to disciplinary action or had a certification or license or authority to practice any profession or occupation revoked, suspended or restricted?

3. Manage My Certifications Section – in the drop down menu, click on ‘Upgrade via Certification Class’.

Manage My Certifications
Select
Select
Add-on
Downgrade
Reregistration
Military Reinstatement
Certification by Endorsement Upgrade
Update Criminal, Discipline, or Driving History
Upgrade using professional license
Upgrade Via Certification Class

4. Another drop down menu. In the drop down menu, click on the level of certification you are applying for.

Manage My Certifications
Upgrade using professional license
Select Certification Level: Select Certification Level

5. Go to the EMS Application/CPR tab where you will enter current CPR information and upload the front and back of your card. CPR must meet PADOH BEMS requirements for BLS, PRO, Professional or Healthcare.



Update Your CPR information here and click the 'Update CPR' button below.

And click Yes.

6. Complete the Pre-Hospital Physician questions and upload required documents. Choose, Add, Yes.

PHP Documentation

Select which requirement you meet:

- A residency program in emergency medicine
- 1st year of a residency program in emergency medicine AND ACLS, ATLS, APLS/PALS
- A residency program in anesthesia, general surgery, internal medicine or family medicine AND ACLS, ATLS, APLS/PALS

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.

7. Enter your current professional license information.

Professional Licenses currently held in PA, other states, or US territories

License Type:

License Number:

State:

Expiration Date:

Update License

8. Go to the notes tab and upload a copy of your current professional license. Choose, Add, Yes.

Miscellaneous Documents

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.

9. Go to the release and consent tab, check the box and submit.

Applicant Data Certifications Con-Ed Processing Notes Affiliations

General Information EMS Application/CPR Education Driving History Release and Consent

Student Release and Consent

Click [here](#) to print a copy of this tab.

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 Code. I authorize and hold harmless 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 further authorize these entities to release information as allowed by law related to my convictions. I agree to sign any waivers or authorizations from these entities to release information related to my convictions if they require I do so. 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 and to the federal government. I further understand that completion of an EMS course does not guarantee issuance of certification.

Submit