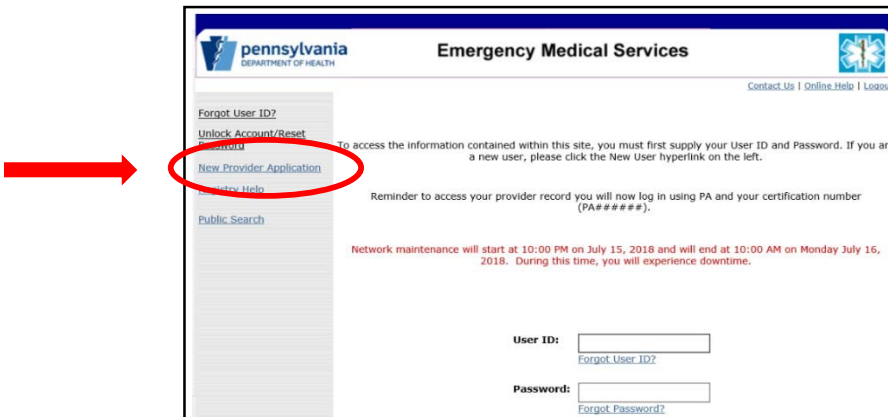


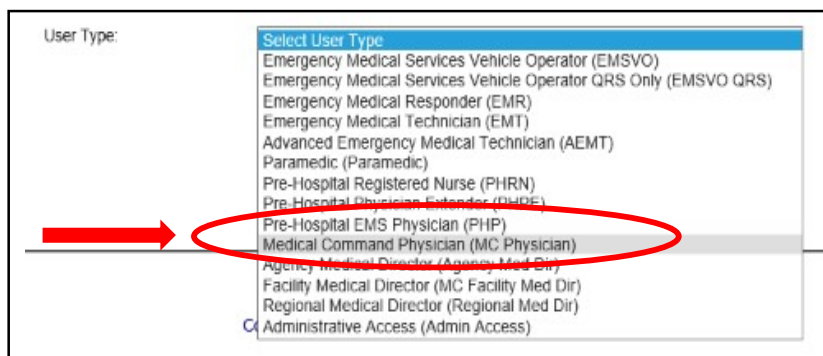
EMS Registry Job Aid for Medical Command Physician

*****If you have completed a Medical Command Physician Course and/or PA DOH, Bureau of EMS Protocol Update, have these documents available electronically as you will need to upload them into the application.*****

1. Using Internet Explorer, access the site: <https://ems.health.state.pa.us/emsportal/>
2. On the left hand side, click on "New Provider Application."



3. In the "User Type" drop down box, select the appropriate level of certification you are requesting – Medical Command Physician.



4. Read the Functional Position Description for the Medical Command Physician. You will need to scroll within that box all the way to the bottom to click on "I have read and understand the Functional Position Description (FPD)."

The screenshot shows the 'FUNCTIONAL POSITION DESCRIPTION FOR THE MEDICAL COMMAND PHYSICIAN' document. The document includes sections for 'INTRODUCTION', 'QUALIFICATIONS', and a list of requirements. A red arrow points to the 'I have read and understand the Functional Position Description (FPD):' checkbox at the bottom, which is circled in red. The checkbox is currently unchecked.

Documenting patient information received from EMS providers and medical command given to EMS providers, including when the medical command physician is providing medical command at the scene.

I have read and understand the Functional Position Description (FPD): ☐

EMS Registry v2.2.04

5. The screen will refresh; read the text and then click on “Continue to EMS Application.”

I have read and understand the Functional Position Description (FPD): ☒

I have read and understand the Functional Position Description (FPD) for the level of certification selected above. I meet all the competencies listed on the FPD with or without reasonable accommodations and I have no other condition that would preclude me from safely and effectively performing all the skills and tasks of the certification level for which I am applying for as indicated above.

If an accommodation is required, I understand that I must complete the accommodation section on the application to be sent to the Bureau of Emergency Medical Services for consideration.

Continue to EMS Application

6. You will be directed to the Applicant Data – General Information Tab. Complete all fields in the General Information Tab.

Applicant Data

General Information | EMS Application | Education | Medical Command Physician | Release and Consent

Applicant Data

Name: First Name Last Name 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:

☐ In lieu of a Social Security Number, I am providing a PA drivers license, PA Photo ID, or VISA number

Social Security Number:

Gender: Select Gender

Race: Select Race

Education: Select Education

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?

Additional Information

☐ Yes ☐ No Do you want to apply for Certification by Endorsement of another State's or National Registry Certification?

7. Social Security # - If you have a Social Security number, but choose not to provide it, check the appropriate box and enter either your ID number (PA driver's license or PA Photo ID) or VISA number. Another tab titled, “Disclosures” will populate and you will be asked to authorize the PA Department of Health to obtain your Social Security number from the PA Department of Transportation. Your application will not be processed for certification until the PA Department of Health receives your Social Security number. This may possibly delay the issuance of your EMS Certification.

☒ In lieu of a Social Security Number, I am providing a PA drivers license, PA Photo ID, or VISA number

ID Number:

Visa Number:

Applicant Data

General Information | EMS Application | Education | **Disclosures** | Release and Consent

8. If you do not have a Social Security number, check the appropriate box. Another tab titled, “SSN Waivers” will populate and you will be required to complete the waiver statement.

☒ In lieu of a Social Security Number, I am providing a PA drivers license, PA Photo ID, or VISA number

ID Number:

Visa Number:

☒ I don't have a Social Security Number

Applicant Data

General Information | EMS Application | Education | Disclosures | **SSN Waivers** | Release and Consent

9. If you check “Yes” for Criminal History, another tab titled, “Criminal History” will populate and you will be required to complete additional information. If you have questions relating to convictions, click on the blue help bubble.

Criminal History/Disiplinary 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?

Applicant Data **Criminal History**

Failure to supply the Bureau with complete and factual criminal history documentation will result in a delay evaluating and processing your application and will therefore delay your eligibility for Pennsylvania EMS certification and may result in the Department taking action to deny, suspend or revoke your certification as a Pennsylvania Certified EMS Provider.

10. If you check “Yes” for Disciplinary Action, another tab titled, “Disciplinary Action” will populate and you will be required to complete additional information.

Criminal History/Disiplinary 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?

Applicant Data **Criminal History**

General Information **EMS Application** **Education** **Disciplinary Actions** **Release and Consent**

11. In the Additional Information section, check “No” for the Certification by Endorsement question.

Additional Information

☐ Yes ☒ No Do You want to apply for Certification by Endorsement?

☐ Yes ☐ No Accommodations are needed for EMS Provider Certification Examination.

12. Click on the “EMS Application” Tab.

Applicant Data **Accommodations**

General Information **EMS Application** **Education** **Release and Consent**

13. EMS Certifications previously held or currently held in PA, other states, or US territories - If you are currently an EMS Provider or an Expired EMS Provider, complete this section and then click “Add Certification.”

EMS certifications previously held or currently held in PA, other states, or US territories

Provider Level:

Certification#:

State:

Expiration Date:

Add Certification

14. CPR Card – this is optional and is not required.
15. Returning from or Current Active Duty Military – if this pertains to you, complete this section.
16. Professional Licenses currently held in PA, other states, or US territories – Enter your Medical License information and click “Add.” A text box will appear with your information that you entered.

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

License Type:

License Number:

State:

Expiration Date:

17. Skip the Education Tab.
18. Click on the Medical Command Physician Tab. Please read carefully and answer all questions. Upload documents if required courses were completed.

Applicant Data

General Information EMS Application Education Medical Command Physician Release and Consent

19. Click on the Release and Consent Tab. Read the statement, check the box, and click “Submit.” If required fields were not completed, you will see a text box indicating what needs to be completed. You will then need to return to the Release and Consent Tab and click “Submit” again.

Applicant Data

General Information EMS Application Education Medical Command Physician 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.

20. A message box will appear asking if you want to submit a new EMS Application? Click “yes.” A box will appear indicating “in progress” and then you will be directed back to the home screen.

Submit Confirmation

Are you sure you want to submit a new EMS Application?

21. You will then receive an email indicating your application has been submitted and received by your Regional EMS Council. After Council approval, you will receive another email with further information regarding your certification.