

Prehospital Care

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EMS PROVIDER CREDENTIALING for 2026

Thank you for your interest in functioning as an advanced practitioner with this EMS agency. To establish yourself as an advance practitioner, the necessary forms to process your EMS Provider Credentials are attached.

Please Complete the **EMS Provider Credential Form** and return it with **ALL** of the appropriate documentation to the EMS Specialist assigned to your EMS Agency.

The EMS Agency Medical Director Requires the Following:

- ☐ Complete and signed EMS Provider Credential Form
- ☐ Copy of your Prehospital Certification card
- ☐ Documentation of current or previous medical command authorization, if applicable.
- ☐ Copy of your biennial attendance/completion of a CPR course that meets DOH approval
- ☐ Copy of your biennial attendance/completion of an Advance Cardiac Life Support course (ACLS).
- ☐ Copy of successful completion of Pediatric Advance Life Support or its equivalent and Basic Trauma Life Support or its equivalent (may be expired).
- ☐ Documentation of an annual skills review

Important Changes from Previous Years:

- ☐ In 2014, the Department of Health has assigned expiration dates to ALL advanced providers. It is important that you know your expiration date. You can check your expiration date at: <https://ems.health.state.pa.us/EMSreg/ActivePractitioners.aspx>
- ☐ To recertify by con-ed, you must meet the following guidelines:
 - Thirty-six (36) credits each two year registration period
 - At least twenty-seven (27) credits of the thirty-six (36) must be clinical patient care and core education
 - **A practitioner will be granted CE credit for a specific course only once in a certification cycle even if the practitioner has taken the course each year of the cycle**
 - CE credit hours cannot be carried over from one (1) certification period to another
- ☐ You must re-apply for credentialing with your EMS agency and submit all your documentation to the assigned EMS Specialist every time you renew your certification. This will include a copy of your con-ed status report.

Should you have any questions please contact us at 412-647-9077 extension 1.

EMS PROVIDER CREDENTIAL FORM

This form may be used at the discretion of the EMS Agency Medical Director

Credential date period _____ to _____

Last Name First Name M.I. Certification Number

Mailing Address City State Zip Code

Email Phone Number

Check One: ☐ AEMT ☐ Paramedic ☐ PHRN ☐ PHPE ☐ PHP

Annual Review ☐ Initial Review ☐ **CERTIFICATION EXPIRATION DATE:** _____

EMS AGENCY NAME	EMS AGENCY AFFILIATE #
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List EMS agencies in which you PREVIOUSLY had medical command authorization:

Agency Name	Date(s) with agency	Agency Name	Date(s) with agency

Was your medical command authorization ever restricted and/or denied*? ☐ Yes ☐ No If yes, please explain
Has a disciplinary sanction been imposed and/or currently pending? ☐ Yes ☐ No If yes, please explain
Is your certification currently registered? ☐ Yes ☐ No
(* if restricted for initial precepting or for initial command, mark no)

Other Certifications:

BCLS expiration date: _____ ACLS expiration date: _____

ITLS/PHTLS expiration date: _____ PALS expiration date: _____

Last Annual Skill Assessment: _____

I hereby certify that the information provided on this application is true and correct to the best of my knowledge, information and belief. I grant the EMS agency medical director permission to investigate all information on this application and I grant third parties permission to release information about my professional competence to the EMS agency medical director. I understand that if my application is approved, this credential will be valid for no more than twelve months, unless withdrawn sooner by the EMS agency medical director. I further understand that this credential applies only to the EMS agency listed on this application and only permits practice in accordance with my scope of practice and under Statewide and regional EMS protocols and medical command.

Signature of applicant

Date

An EMS agency may not permit an EMS provider at or above the AEMT level to provide EMS at the EMS provider's certification level if the EMS agency medical director determines that the EMS provider has not demonstrated the knowledge and skills to competently perform the skills within the scope of practice at that level or the commitment to adequately perform other functions relevant to an EMS provider providing EMS at that level. Under these circumstances, an EMS agency may continue to permit the EMS provider to provide EMS for the EMS agency only in accordance with the restrictions as the EMS agency medical director may prescribe. The EMS agency shall notify the Department within 10 days after it makes a decision to allow an EMS provider to practice at a lower level based upon the assessment of the EMS provider's skills and other qualifications by the EMS agency medical director, or a decision to terminate the EMS agency's use of the EMS provider based upon its consideration of the EMS agency medical director's assessment.

☐ I permit ☐ I do not permit applicant to provide EMS at their certification level at this EMS agency.

Restrictions (if applicable): _____

Signature of EMS Provider

Date

Signature EMS Agency Medical Director

Date

Signature EMS Agency Director

Date

The EMS agency shall maintain the EMS agency medical director's assessments and recommendations for 7 years (§1023.1(a)(1)(vi)—(viii) relating to EMS agency medical director).

RESTRICTION REMOVAL

The above provider previously had a restriction placed on their practice for this EMS agency.

As of _____ (date), the restriction has been lifted and the EMS agency medical director has determined that the EMS provider has the knowledge and skills to competently perform the skills within the EMS provider's scope of practice and has demonstrated a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level.

Signature of EMS Provider

Date

Signature EMS Agency Medical Director

Date

Signature EMS Agency Director

Date