

## Renewal or Amendment to your EMS Agency Licensure Application

1. On a Computer (Phones and Tablets are not recommended) browse to the PA EMS Registry at:  
<https://ems.health.state.pa.us/registry/logon.aspx>

**Important: Internet Explorer or Edge are the recommended web browser with popups permitted.**

2. Log on with your User ID "PA" followed by your state certification number.
3. Hover your mouse over "Organization" then click on "EMS System Organizations"

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Session Timeout: 19: 34    EMS Agency Search    **EMS System Organization**    Medical Command Facility    Wednesday, January 22, 2020

Provider Inbox

4. You will see the following screen. Click "Manage" for the name of the EMS System Agency application you wish to make changes too. If you are associated with more than one (1) EMS Agency, you will see them all listed here.
  - a. If the EMS System Organization does not appear on this page, contact the Administrator of your organization to request Admin privileges.

**EMS System Organization Associated With Your Account**

Business Name	Routing	Status	
ABC Ambulance	Applicant	Approved	<a href="#">Manage</a>
Bucks County Emergency Health Services	Applicant	Approved	<a href="#">Manage</a>

1

5. On the next screen click on the EMS Agency tab.

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

Notes (EMS Org.)

**General Information**

Populate

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

Parent Company Name:    ABC Ambulance

Parent Company Tax ID:    \_\_\_\_\_

Doing Business As:    \_\_\_\_\_

PA Vendor Number:    \_\_\_\_\_

Phone Numbers:    (215) 555-1212    \_\_\_\_\_

Agency Website Address:    \_\_\_\_\_

**Physical Address**

Address:    123 Nowhere lane    \_\_\_\_\_

6. Now click manage again, in the EMS Agency section. **\*\*NOTE: go to step 9 if you already saved an application. \*\***

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

Notes (EMS Org.)

**Saved Applications**

No EMS Services Found

**Active Agencies**

**STOP! Before submitting an EMS Agency amendment or renewal application click [HERE](#)**

Applicant Name	DBA	License Number	Status	Issue Date	Expiration Date	
ABC Ambulance		20038	Full	02/20/2020	03/31/2023	<b>Manage</b>
1						

EMS Registry v4.7.3

7. The EMS Agency Licensure Application data is contained in nine (9) separate tabs. All data must be completed in its entirety before an application can be submitted to the Regional Council Office.
- At the bottom of each tab you must check the box for “I verify the information on this tab is true and correct”.
  - You will see the screen flash and reload as you check some of the boxes. This is normal, the application will populate other required information based on your selections

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

Notes (EMS Org.)

Each of the tabs below is part of the EMS Agency Application. Any amendments, renewals, or new applications will require fields be completed on each tab. At the bottom of each tab is a verification of information check box that must be selected. It is expected that anytime an application is submitted, for any reason, that all information will be up to date, including the Agency Personnel Roster.

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

**Equipment/Gear Verification of Information**

**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:

**Nine (9) tabs that contain your EMS Agency Licensure Application data**

**You must check this box on every tab to submit the application**

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

EMS Registry v4.7.3

8. If you need to leave the application before it is completed in its entirety, click the **“Save”** button located under the **“Verification of Information”** tab. Users may open the saved application copy at any time to complete the data entry and to submit the application to the Regional Council Office.
- a. Be careful to stay on the nine (9) EMS Agency Licensure tabs. Clicking on any of the top parent tabs could result in losing any data you entered.

The screenshot shows the 'Verification of Information' tab of an EMS Agency Licensure application. At the top, a navigation bar contains several tabs: 'General Information(EMS Org.)', 'Acknowledgements(EMS Org.)', 'Submitters(EMS Org.)', 'Users(EMS Org.)', 'Processing(EMS Org.)', and 'EMS Agency'. A red box highlights the 'NO' button next to the 'Acknowledgements(EMS Org.)' tab. Below this, a sub-navigation bar includes 'Verification of Information', 'Medical Direction', 'Management', 'Personnel', 'Vehicle Information', 'Communications', and 'Equipment/Gear'. A red box highlights the 'YES' button next to the 'Verification of Information' tab. The main content area contains a legal disclaimer and a certification section. A red box highlights the 'Save' button at the bottom left, with a red arrow pointing to it from another red box labeled 'Save'. Other buttons visible include 'Submit EMS Agency' and 'Delete Saved Applications'. A 'Back to Search Results' button is located at the top right. The footer text reads 'EMS Registry v4.7.3'.

9. To return to a saved application, follow steps 1 through 5. You will see you're saved application(s) as well as your last approved application.
  - a. IMPORTANT if you click "Manage" on the Active application. You will NOT have your saved data.

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

Notes (EMS Org.)

**Saved Applications**

Click in this section to access your saved application

Applicant Name	DBA	Status	Issue Date	Expiration Date	
ABC Ambulance		Saved			<b>Manage</b>

**Active Agencies**

~~STOP! Before submitting an EMS Agency amendment or renewal application click [HERE](#)~~

Applicant Name	DBA	License Number	Status	Issue Date	Expiration Date	
ABC Ambulance		20038	Full	02/20/2020	03/31/2023	<b>NO</b> <b>Manage</b>
1						

EMS Registry v4.7.3

10. Once you are ready to submit your EMS Agency Application on the "Verification of Information" tab, Click on "Submit EMS Agency". If there is any missing data missing the items missing will be listed at the top of the page.

General Information(EMS Org.) Locations Medical Direction Management Personnel Vehicle Information Communications Equipment/Gear

**Verification of Information** Users Processing Notes

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.

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 this page before clicking submit.

**Submit**

**Submit EMS Agency**

11. After click on Submit.

- a. You will either see what corrections are needed near the top of the screen with and what tab the information is on



- b. Confirmation window. If you do not get this window and click yes your application was NOT successfully submitted.

