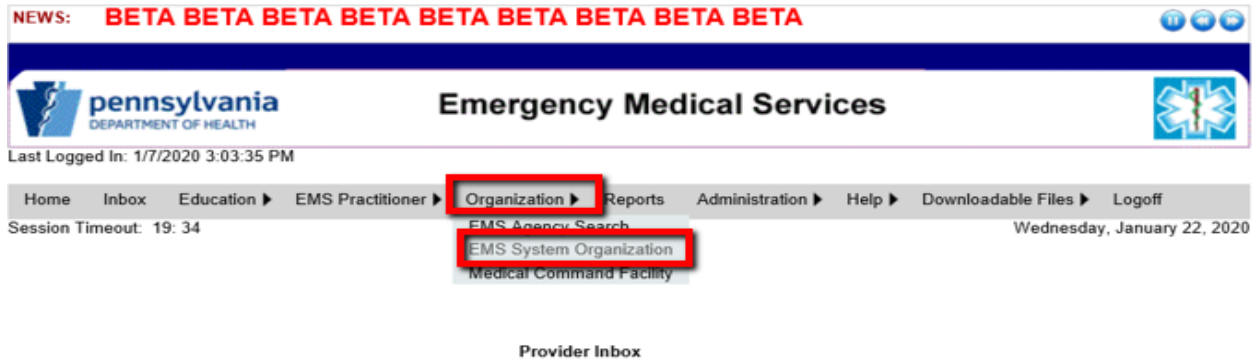


## Creating your EMS Agency Licensure Application

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”



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	Manage
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.

6. To Create your initial EMS Agency Application Click “Add EMS Agency”

[Back to Search Results](#)

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](#)**

No EMS Services Found

**Add EMS Agency**

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.

- a. At the bottom of each tab you must check the box for “I verify the information on this tab is true and correct”.
- b. 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.

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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/Status Locations Medical Direction Management Personnel Vehicle Information Communications Equipment/Gear

**Verification of Information**

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, so 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 application 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.

I have read and I accept the above terms and conditions

You must complete all sections listed at the top of the page before clicking submit.

EMS Registry v4.7.3

9. To return to a saved application, follow steps 1 through 5. You will see you're saved applications.

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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**

Applicant Name	DBA	Status	Issue Date	Expira- Date	
ABC Ambulance		Saved			<input type="button" value="Manage"/>

**Active Agencies**

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

No EMS Services Found

EMS Registry v4.7.3

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

Verification of Information

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 the page before clicking submit.

11. If you do not get the following up. Your application was NOT successfully submitted.

