



County of Bucks



EMERGENCY HEALTH SERVICES

911 Freedom Way, Ivyland, PA 18974

(215) 215-340-8735 Fax (215) 957-0765

email: mlrymdeika@co.bucks.pa.us

website: www.bcehs.com

County Commissioners

ROBERT G. LOUGHERY, CHAIRMAN

CHARLES H. MARTIN, VICE-CHAIRMAN

DIANE M. ELLIS-MARSEGLIA, L.C.S.W.

Michele L. Rymdeika

Training Coordinator

BUCKS COUNTY EMERGENCY HEALTH SERVICES TRAINING INSTITUTE

EMERGENCY MEDICAL TECHNICIAN PROGRAM COURSE GUIDE

UPDATED 12/2014

EMERGENCY HEALTH SERVICES OFFICE STAFF

JERYL DEGIDEO, DIRECTOR
215-340-8723
jldegideo@co.bucks.pa.us

JASON S. DIEFENDERFER, FIELD REPRESENTATIVE
215-340-8724
jsdiefenderfer@co.bucks.pa.us

MICHELE L. RYMDEIKA, TRAINING COORDINATOR
215-340-8722
mlrymdeika@co.bucks.pa.us

LARRY J. LOOSE, QUALITY IMPROVEMENT COORDINATOR
215-340-8721
ljloose@co.bucks.pa.us

DEBRA MYATT, CPR TRAINING COORDINATOR
215-340-8727
damyatt@co.bucks.pa.us

DEB KATES, ADMINISTRATIVE ASSISTANT
215-340-8735
drkates@co.bucks.pa.us

OFFICE HOURS

MONDAY THROUGH FRIDAY
8:00 AM – 4:00 PM

RULES OF CONDUCT

1. Appearance – Students must exhibit good personal hygiene. Each student must be neat, clean, and wear clothing appropriate for the material being covered.
2. Behavior – Students must maintain a positive attitude, professional manner, and behavior appropriate to a classroom setting. In addition, students will obey all rules and regulations of the Training Facility. To enhance a positive learning environment, class will start at the scheduled time. Students are to be present and prepared. No meals are permitted in the classroom.
3. Drugs/Alcohol – Students displaying abusive behavior or other behavior normally associated with drug or alcohol usage shall be dismissed from the class and will count as an absence.
4. Academic Dishonesty – Academic dishonesty includes, but is not limited to, cheating, plagiarizing, bribery, fabrication of information or citations, facilitating acts of academic dishonesty by others, having unauthorized possession of examinations, submitting work of another person or work previously used without informing the instructor, or tampering with the academic work of others students.
5. Confidentiality – Disclosure of patient or student confidential information to unauthorized persons is forbidden.

Any violation of the above Rules of Conduct are grounds for dismissal from the program. The above Rules of Conduct may be subject to one (1) counseling session prior to dismissal. Any repeat infraction will result in an automatic dismissal from the course.

Appeals concerning Rules of Conduct will not be accepted.

STUDENTS RIGHTS AND RESPONSIBILITIES

1. Student Rights
 - a. The student has a right to competent instruction, course counseling, and adequate facilities, and in all areas he/she has the rights to expect the highest degree of excellence possible within the resources of the Training Institute.
 - b. The student has a right to protection from unreasonable and capricious actions by faculty and administration.
 - c. Each student has the rights to be considered for admission without regard to ancestry, religious or political belief, or country of origin.
 - d. Each student has the right to know the rules by which he/she is governed through the medium of a clear and precise written exposition of the rules.
2. Student Responsibilities
 - a. The student has the responsibility to devote him/herself to the serious pursuit of learning and to respect the rights and opinions of others, including faculty, administration, and fellow students.
 - b. The student has the responsibility to comply with any and all the rules governing students of training courses.
 - c. The student has the responsibility to support academic integrity.
 - d. The student has the responsibility to conduct him/herself in accordance with generally accepted standards of conduct as embodied in society's laws and regulations.
 - e. Each student has the responsibility to respect innovation and individual differences and to conduct him/herself so as not to violate the rights of other students and members of the administration and faculty.

COURSE REQUIREMENTS

1. Aptitudes
 - a. Vision – Students must have visual acuity sufficient to distinguish visual color discrimination in examining patients and determining by appearance diagnostic signs that require immediate detection and proper action.
 - b. Hearing – Students must have hearing acuity sufficient to receive verbal directions and instructions to distinguish diagnostic signs.
 - c. Reading/Writing – Students must have the ability to read and write English sufficiently to read items such as prescription bottles, and to write English sufficiently to complete patient record forms and examination.
 - d. Physical – Students must have the ability to perform the skill objectives as outlined in the National Education Standard .

All students must have the aptitudes as listed above when taking the Practical Skills Examination for EMT Certification. Medical problems must be resolved prior to taking the Practical Examinations.

NOTE: In accordance with the American Disabilities Act (ADA), any requests for accommodations must be submitted to the Pennsylvania Department of Health, Office of Emergency Medical Services, in writing, within two (2) weeks after the course begins. (Accommodations Policy enclosed)

ATTENDANCE POLICY

Each student shall be permitted to miss a total of **sixteen (16) hours**. Any hour, or portion thereof, missed, which exceeds sixteen (16) hours, will result in the student being dismissed from the course. Class will start at the scheduled time. Tardiness will not be tolerated and will count toward hours missed.

CRIMINAL HISTORY

You are required to also complete the PA Child Abuse History Clearance. This is required as part of the course requirements to be able to test at the end of the course. If this is not submitted by the end of the course due date, you will not be permitted to test the final practical exam. This clearance cannot be completed electronically, but needs to be mailed through US mail with a money order. It can take 4-6 weeks for this to be processed and mailed back to you. You need to mail this as soon as possible so you can have it returned by the due date at the end of the course.

The PA Child Abuse History Clearance may be accessed online at:
www.dpw.state.pa.us/findaform/childabusehistoryclearanceforms/index.htm.

You need to download and print these forms. You need to complete and mail with the form and the fee to the PA Department of Welfare. You need to have the clearance returned to you, do not put our address for the clearance to be sent to. On the form, it will ask you to check a “purpose of clearance”. You should check, “employment with a significant likelihood of regular contact with children.”

When you receive the clearance back to you, make a copy, and submit the copy to your instructor. **Do not submit the original, you keep the original.** If you have had this check completed in the past three (3) years for another organization/employer, it is still valid. We just need a copy of it.

The Pennsylvania Department of Health, Bureau of Emergency Medical Services, has the right to refuse certification for conviction of certain offenses. A positive criminal history does not prevent any student from attending training, however, the student may not take the BLS (FR or EMT) Final Practical Exam or BLS (FR or EMT) Final Written Exam until the State Bureau of EMS has approved the student to take the Final Exams.

COURSE COMPLETION

1. Current Healthcare Provider/Professional Rescuer CPR card
2. Successfully complete a Training Program approved by the Pennsylvania Department of Health
3. Completion of ICS 100, ICS 700, Hazmat Awareness, and 10 Clinical Contacts
4. Submitted and approved PA Child Abuse Clearance and PA State Police Record Check

NATIONAL REGISTRY AND PA EMT CERTIFICATION

To obtain your PA EMT certification, you will need to successfully pass the NR EMT/BLS practical/psychomotor exam and the NR EMT cognitive (written) exam. When you successfully pass both exams, you will receive your NR EMT certification. After you receive your NR EMT certification, we will issue your PA EMT certification. You will need to review the policies PA EMS Certification Retest Matrix (practical/psychomotor) and NR EMT What You Need to Know About National EMS Certification regarding number of attempts permitted and length of time to complete the process. Students under 18 years of age are not eligible for NR EMT certification, but are able to obtain the PA EMT certification. Those individuals will still take the same NR EMT BLS practical/psychomotor exam, but will take a different NR EMT cognitive (written) exam. This process is explained in the NR EMT What You Need to Know About National EMS Certification.

CLASS CANCELLATION POLICY

The EHS Office will not contact each student by telephone to advise them of a class being cancelled due to inclement weather. Determination to cancel classes will be made by the EHS Office.

Cancellation notices are sent over the CAD system to each individual organization. The Bucks County Radio Room also announces class cancellations. You may also institute a phone/email chain for your class.

We follow Bucks County Community College for class cancellation. You can check their website at www.bucks.edu. If they have cancelled their **EVENING** classes, then we will also be cancelling our evening classes. If they cancel day classes, we will cancel day classes. We will also post it on our website which is www.bcehs.com

You may also sign up for the College's alert system which will send a message to your phone and/or email. To do this, go to their website, click on "Student Life", click on "Security and Safety" and click on "Campus Alert System". You will then click on a link to register. We will only close if the college cancels their **EVENING** classes. They may cancel their day classes, but not their evening classes.

TRAINING INSTITUTE/COLLEGE POLICIES

The Bucks County Emergency Health Services Training Institute follows all Bucks County Community College policies. These policies can be found on the College's website at www.bucks.edu.

Region of Bucks

Sexual Harassment Policy

PROHIBITING SEXUAL HARASSMENT IN TRAINING

The Region of Bucks pledges its best efforts to ensure that no student or instructor is subjected to sexual harassment or discrimination. Students or instructors, who engage in conduct which is sexually harassing, or who contribute to a hostile, oppressive, intimidating, or offensive environment will be dealt with strictly. Such conduct will not be tolerated or condoned, and is ground for immediate dismissal from the program as a student or instructor.

A. OBJECTIVE

1. Prohibit all verbal, physical and visual sexual harassment, as well as uninvited sexual advances.
2. Ensure an environment which is free from any hostile, oppressive, intimidating, or offensive elements of sexual discrimination, or which otherwise interferes with students' or instructors' well being or the ability to perform one's skills or duties.

B. EXAMPLES OF PROHIBITED CONDUCT, WHICH MAY CONSTITUTE SEXUAL HARASSMENT.

The following list illustrates conduct which will not be permitted in the programs and which may constitute grounds for disciplinary action up to and including dismissal from the program as a student or an instructor:

1. Making unwanted sexual advances;
2. Making or threatening reprisals after a negative response to sexual advances;
3. Offering benefits in exchange for sexual favors;
4. Visual Conduct – e.g. leering, making sexual gestures, displaying sexually suggestive objects or pictures, cartoons, or posters;
5. Verbal Conduct – e.g. making derogatory comments, epithets, slurs, jokes, unwanted verbal sexual propositions, verbal abuse of a sexual nature, graphic verbal commentary about an individual's body, sexually degrading words used to describe an individual, suggestive or obscene letter, notes or invitations;
6. Physical Conduct – e.g. assault, touching, impeding or blocking one's movement.

C. COMPLAINT PROCEDURES TO IDENTIFY AND REMEDY INSTANCES OF SEXUAL HARASSMENT

1. Student or Instructors are encouraged to assist the Region in eliminating sexual harassment by promptly reporting any instance of alleged or potential harassment.
2. All complaints of sexual harassment will be investigated seriously by the Region. Complaints will be processed in a manner which protects the complainant and maintains the individual's confidentiality to the greatest extent possible.
3. Applicants should report instances of alleged discrimination or harassment to the Lead Instructor, Regional Training Coordinator or the Director of Emergency Health Services.
4. In any instance in which the relevant complaint procedure requires (or may involve) an individual who the complainant believes or suspects may be involved in the alleged sexual harassment, the complainant is relieved of any obligation to exhaust that stage of the complaint procedure. In such an event, the complainant is encouraged to report the situation to the next higher level of authority.
5. The penalties set forth within this policy are an addition and not a substitute for any other policy or penalty.

BUCKS COUNTY EMERGENCY HEALTH SERVICES

EMT COURSE

You are required to complete two (2) on-line Incident Command classes as part of your eligibility for EMT course completion. These courses are on FEMA's website. If you have already completed these courses, you can submit a copy of the certificate as proof of course completion.

Go to <http://training.fema.gov/emi>

Click on the FEMA Independent Study tab at the top

Click on NIMS Courses

The 1st course:

IS-100.b-(ICS 100) – Introduction to Incident Command System

The 2nd course:

IS-700.a – National Incident Management System (NIMS), An Introduction

When you complete these courses, it can take several days to receive the certificate. Do not wait until the end of the EMT course to complete the IC courses, the certificates need to be submitted by the end of the EMT course to be eligible to test at the end of the course.

BUCKS COUNTY EMERGENCY HEALTH SERVICES

AMBULANCE SERVICES

St. Luke's Quakertown EMS
124 South 10th Street
Quakertown, PA 18951
215-538-4540

Point Pleasant-Plumsteadville EMS
5064 Stump Road
Plumsteadville, PA 18949
215-766-7285

Warrington Community Ambulance
1140 Easton Road
Warrington, PA 18976
215-343-3469

Morrisville Ambulance Squad
139 N. Washington Street
Morrisville, PA 19067
215-295-6766

Bucks County Rescue Squad
143 King Street
Bristol, PA 19007
215-788-0444

Grandview Hospital ALS Unit
700 Lawn Avenue
Sellersville, PA 18960
215-453-4396

Penndel-Middletown Emergency Squad
616 East Lincoln Highway
Langhorne, PA 19047
215-757-2663

Bensalem Rescue Squad
3830 Hulmeville Road
Bensalem, PA 19020
215-245-4300

Tri-Hampton Rescue Squad
140 Township Road
Richboro, PA 18954
215-322-4106

Central Bucks Ambulance
455 East Street
Doylestown, PA 18901
215-348-8385

Chalfont Ambulance
201 Park Avenue
Chalfont, PA 18914
215-822-1308

Upper Bucks Regional EMS
8716 Easton Road
Revere, PA 18953
610-847-8801

Newtown Ambulance Squad
2651 S. Eagle Road
Newtown, PA 18940
215-968-3500

Levittown-Fairless Hills Rescue Squad
7405 New Falls Road
Levittown, PA 19058
215-547-2822

Lambertville-New Hope Rescue Squad
Alexander Ave.
Lambertville, NJ 08530
609-397-0945

Warminster Ambulance
555 Evergreen Ave.
Warminster, PA 18974
215-441-0333



Bucks County Emergency Health Services

Clinical Encounter Sheet

Date: _____

Location: _____

Patient

Age:	Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Chief Complaint:
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Associated Complaints: _____

Past Medical History: Cancer Cardiac CHF CVA Diabetes Hypertension Respiratory Seizures Other

Allergies: <input type="radio"/> NKDA	Medications: <input type="radio"/> None Reported

Vitals Signs

Time	Pulse	Blood Pressure	Respirations	SpO2	Pain Scale (1-10)	Mental Status (AVPU)			
						<input type="radio"/> Alert	<input type="radio"/> Voice	<input type="radio"/> Pain	<input type="radio"/> Unresponsive

Treatment & Notes

Student (Print)	Signature

Bucks County Emergency Health Services Website

www.bcehs.com

click on EMT Students

We have many resources posted on our website. These resources will be referenced during class and will also be helpful in navigating the National Registry process.

1. EMT Program Course Guide
2. PA BLS Protocols
3. PA Bulletin – Scope of Practice
4. EMT Course Clinical Contact Form
5. PA EMS Certification Retest Matrix – Practical/Psychomotor Exam
6. PA EMS Cognitive Exam Selection – Written
7. NR EMT User's Guide
8. NR EMT BLS Skills Sheets
9. NR EMT What You Need to Know About National EMS Certification
10. NR EMT Candidate Information – Prepare for Success on the NREMT Cognitive Exam
11. NR EMT Authorization to Test Policy
12. NR EMT ADA Policy
13. PA Regional EMS Councils

BUCKS COUNTY EMERGENCY HEALTH COUNCIL TRAINING INSTITUTE

STUDENT INFORMATION SHEET

This information will be given to your instructor to help him/her better understand your background. It will also inform your instructor of how to contact you. Please complete appropriately and print legibly.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

PAGER _____ CELL _____

EMAIL _____

If I am unable to be reached at any of the above numbers, a message may be given to

_____, at this number _____

EDUCATION

_____ High School Student _____ High School Graduate

_____ College Student _____ College Graduate

_____ Other _____

SPONSORING ORGANIZATION _____

PRIOR EMS OR RELATED EXPERIENCE _____



pennsylvania

DEPARTMENT OF HEALTH

Bureau of Emergency Medical Services

Emergency Medical Services Provider Certification Application

(Please print legibly)

SECTION A – PERSONAL INFORMATION

Last Name (include Maiden Name, if applicable)		First Name		Middle Name	Suffix (Jr, Sr, II, III)
Mailing Address		City		State	Zip Code
Home Telephone Number ()		Work Telephone Number ()		Email Address	
Date of Birth:		Gender:		County:	

Purpose for completing this form Initial Certification Reciprocity Lapsed Registration

Have you held or are you currently holding and/or requesting any of the following certification levels?

- | | | | |
|-------------------------------|----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Emergency Medical Services Vehicle Operator (EMSVO) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | EMS Instructor | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | First Responder/Ambulance Attendant (FR/AA) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Emergency Medical Responder (EMR) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Emergency Medical Technician (EMT) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Advanced Emergency Medical Technician (AEMT) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Paramedic (P) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Pre-Hospital Registered Nurse (PHRN) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Pre-Hospital Physician Extender (PHPE) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Pre-Hospital EMS Physician (PHP) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Medical Command Physician (MC Physician) | <input type="checkbox"/> Requesting |
| <input type="checkbox"/> Held | <input type="checkbox"/> Current | Other _____ | <input type="checkbox"/> Requesting |

Most Recent EMS Educational Institute Previously Attended:

Mailing Address				City		State	Zip Code
Telephone Number ()				Dates Attended			
				County			

EMS Educational Institute Enrolling in or Currently Attending:

Mailing Address				City		State	Zip Code
Telephone Number ()				County			
				Class Number			

EMS Certifications Previously Held Or Currently Held In PA, Other States or US Territories:

Provider Level: _____ Cert Number: _____ State: _____ Exp Date: _____
 Provider Level: _____ Cert Number: _____ State: _____ Exp Date: _____
 Provider Level: _____ Cert Number: _____ State: _____ Exp Date: _____
 NREMT Level: _____ Cert Number: _____ Exp Date: _____

Copy of current certification card(s) shall be attached.

Name _____
 Last First MI

National Registry Certification Obtained Thru United States Military:			
<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy			
Most recent US Military Mailing Address	City	State	Zip Code
Telephone Number			
()	National Registry Certification #		

Have you ever been convicted of a crime other than a summary or similar offense?

- Yes – Complete all sections
- No – Skip Section B

A conviction includes a judgment of guilt, a plea of guilty, or a plea of nolo contendere. Accelerative Rehabilitative Disposition (ARD) is not considered a conviction. Include all offenses committed as a juvenile in which you were adjudicated delinquent. Include all offenses

SECTION B - CRIMINAL CONVICTIONS

Common Name of Offense & Grading (felony or misdemeanor, if known)	Date of Conviction	State of Conviction	County of Conviction

If you responded with a positive criminal history, the Bureau requires that you provide this office with certified copies of all of the following court documents with the County or the Clerk of Court's office seal or stamp on each document to verify that the documents are exact copies of the original documents:

- The Police Criminal Complaint, including the Affidavit of Probable Cause
- The Criminal Information or Indictment
- Guilty Plea Document or Jury/Court Document imposing a finding of guilty
- The Court's Sentencing Order

For juvenile cases, you may be required to submit copies of the above documents. You are encouraged to provide letters from probation/parole officers, past/present employer(s), clergy, doctors, warden, law enforcement officials, public officials, etc., evidence of rehabilitation, and/or records of good conduct or community service.

If you were convicted in a Federal court or another court not part of Pennsylvania's judicial system, provide documents equivalent to those referenced in section B, as well as a copy of the statute under which you were convicted.

Background checks may be performed to verify the information you provide on this form. If you have made a false statement or failed to identify all relevant conditions, your application may be denied or disciplinary action may be initiated against you by the Department or a criminal justice agency and that action may impact upon any certification or recognition you have received or may receive from the Department.

Describe the circumstances surrounding the crime(s) for which you were convicted:

Name _____
 Last First MI

Explain how the passage of time since your conviction(s) should be considered in determining your present fitness to serve as an EMS provider:	
What are you doing to avoid criminal activity and to improve yourself?	
Do you believe you will not be involved with future criminal activity? Why?	
Are you on probation/parole? <input type="checkbox"/> Yes Date of completion: _____ <input type="checkbox"/> No	
Name of Probation/Parole Officer:	Telephone Number:
City/County/State of probation/parole?	
Date of or projected date of completion of probation/parole?	
Were you previously on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of former Probation/Parole Officer:	Telephone Number:
Was court ordered counseling classes/evaluation part of your probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below)	
Type of court ordered sessions:	
Are you going to counseling voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below)	
Type of voluntary sessions:	
Name of Counselor:	Telephone Number:
Date or projected date of successful completion of counseling/classes:	

Section C - Emergency Medical Services Vehicle Operator (EMSVO) Applicant Only

Within the past 4 years, has your driver's license been suspended or revoked? Yes No
 If yes, attach your official state driving history record. If Pennsylvania resident, a driving history record can be obtained on-line at:
https://www.dot3.state.pa.us/driver_services/dllogin.jsp#top?20140106080749380=20140106080749380

Failure to supply the Bureau with complete and factual criminal history documentation and/or driving history record will result in a delay in evaluating and processing your documentation and therefore will delay your eligibility to participate in EMS certification examinations.

Failure to supply the Bureau with complete and factual criminal history documentation and/or driving history record may result in the Department taking action to suspend or revoke your certification as an EMS Provider.

Reciprocity Candidates:

All applicants for EMS certification reciprocity are required to submit proof of affiliation with a PA licensed EMS agency, criminal history documentation and a driving history record from current state of certification. Incomplete applications will not be evaluated or processed. Applications without proof of affiliation will have 120 days from the application date to provide documented proof of affiliation with a PA licensed EMS agency.

SECTION D – DISCIPLINARY ACTION DISCLOSURE

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? Yes No (If yes, provide circumstances of the disciplinary action):

Name _____
Last First MI

SECTION E - SOCIAL SECURITY NUMBER DISCLOSURE

Pursuant to section 4304.1(a)(2) of the Domestic Relations Code, 23 Pa.C.S. § 4304.1(a)(2), government agencies are required to collect the Social Security Number of an individual who has one on any application for a professional or occupational license or certification. Any information collected pursuant to this section shall be confidential except as permitted by law. The information collected may be used in obtaining a criminal history record check of you and it may be provided to, and used by, the Department of Public Welfare, upon its request, or a court or domestic relations section solely for the purpose of child and spousal support enforcement and, to the extent allowed by Federal law, for administration of public assistance programs.

Section 2603 of the State Government Code, 71 P.S. § 2603, allows an individual applying for or renewing a professional or occupational license or certification to provide an alternate form of identification in lieu of a Social Security Number. Alternate forms of identification acceptable to the Bureau are an individual's Pennsylvania Driver's License Number or a Pennsylvania Non-Driver's Identification Card Number issued by the Pennsylvania Department of Transportation (PennDOT). Out-of-state driver's license numbers or identification cards are not acceptable.

Please note that if you provide a PennDOT identification number in lieu of your Social Security Number, the Department of Health is still required to obtain your Social Security Number pursuant to 23 Pa.C.S. § 4304.1(a)(2). The Department of Health will contact PennDOT and provide your PennDOT identification number in order to obtain your Social Security Number. The Bureau of EMS will not process your paperwork for certification until it receives your Social Security Number from PennDOT. Be aware that this will delay the issuance of any EMS certification to you for which you qualify.

If you do not have a Social Security Number, you must complete the attached "Waiver of SSN Verification Statement" before your paperwork will be forwarded to the Bureau of EMS for processing. Prior to the expiration of your initial certification period, you will be required to obtain and provide to the Bureau of EMS a Social Security Number or you will be required to obtain from the Social Security Administration (SSA) documentation showing that you have applied for a Social Security Number or a certification from the SSA that you are not eligible for one. If you are not eligible for a Social Security Number, you may be required to obtain an Individual Taxpayer Identification Number (ITIN) from the Internal Revenue Service before you will be granted EMS certification.

Name (as it appears on card)	Social Security Number

In lieu of a Social Security Number, I am providing: PA Driver's License PA Non-Driver's Identification Card

Name (as it appears on card)	Address (as it appears on card)	Number

By affixing my driver's license number or non-driver's identification number issued by the Pennsylvania Department of Transportation, I authorize the Pennsylvania Department of Transportation to release my Social Security Number to the Pennsylvania Department of Health for the limited purpose of complying with 23 Pa.C.S. § 4304.1(a)(2).

NOTICE: Section 4904 of the PA Crimes Code provides that:

- (a) A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his official function, he:
 - (1) Makes any written false statement which he does not believe to be true; or
 - (2) Submits or invites reliance on any writing which he knows to be forged, or otherwise lacking in authenticity.

- (b) A person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made thereon are punishable.

Name _____
Last First MI

SECTION F – WAIVER AND SIGNATURE

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.

Printed Name

Signature

Date

**WAIVER OF SOCIAL SECURITY NUMBER
VERIFICATION STATEMENT**

Certification Level:

- Emergency Medical Services Vehicle Operator (EMSVO)
- EMS Instructor
- First Responder/Ambulance Attendant (FR/AA)
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Paramedic (P)
- Pre-Hospital Registered Nurse (PHRN)
- Pre-Hospital Physician Extender (PHPE)
- Pre-Hospital EMS Physician (PHP)
- Medical Command Physician (MC Physician)
- Other _____

This is to verify that I do not have a social security number for the following reason(s):

I verify that the statement made above is true and correct to the best of my knowledge, information, and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in disciplinary action and/or criminal charges.

I also acknowledge that I will provide the Bureau with my Social Security Number or other acceptable form of identification (see application form, Section E) as soon as it is obtained. Further, I understand that I will not be permitted to renew my certification, including upgraded certifications, until I have submitted acceptable verification to the Bureau. I further understand that I must submit this information before the expiration of the time period of my initial certification, regardless of whether I upgraded my initial certification.

Signature

Date

Name _____
Last First MI



pennsylvania
DEPARTMENT OF HEALTH

Bureau of Emergency Medical Services

STUDENT RELEASE AND CONSENT FORM

RELEASE STATEMENT:

In compliance with the federal Family Educational and Rights to Privacy Act of 1974 and the Buckley Amendment, I authorize and give my permission to the Pennsylvania Department of Health and the Pennsylvania Regional EMS Council to release information concerning my training records to: (1) the primary instructor of this course; (2) the local EMS Educational Institute, if this course is being conducted within, or in collaboration with, such institute; (3) any federal or state agency (or other) authority to certify, regulate, and/or fund EMS programs and personnel; and/or (4) _____.

Applicant Signature _____ Date _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date _____

PARENTAL PERMISSION FOR CERTIFICATION EXAMINATION PARTICIPATION

(TO BE COMPLETED BY A PARENT/GUARDIAN OF APPLICANTS WHO ARE AT LEAST 16, BUT NOT YET 18 YEARS OF AGE)

I hereby give permission for _____ (Legal Name of Applicant) to participate in state recognized certification examinations conducted by a PA Accredited EMS Educational Institute. I also give permission for the Department of Health, Bureau of Emergency Medical Services, or its authorized agents, to obtain or request from the applicant or third parties any records, documentation or other information about the applicant as required under state and federal laws for the purpose of state certification. I also certify that the applicant, of whom I am the parent or guardian, signed this application where required and I consent to the conditions and waivers contained in this document.

I understand the Pennsylvania Department of Health is not authorized to provide travel, medical, or health insurance to students. I also understand my child may be exposed to infectious diseases and physically strenuous and/or hazardous environments.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date _____

Name _____
Last First MI



**EMS AFFILIATION VERIFICATION
(For PA Reciprocity ONLY)**

Applicant Legal Name: _____ Last four digits of SSN _____

1. PA LICENSED EMS AGENCY VERIFICATION (To be completed by the principal official of requesting EMS Agency)

Agency letterhead indicating candidate approval for employment or volunteer affiliation shall be attached.

Current Pennsylvania EMS Agency Affiliation Identification number

Name: _____ County _____

I verify that the candidate named on this form has been offered employment or a volunteer position pending issuance of a Pennsylvania EMS Provider Certification and will be providing care with this EMS Agency.

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Day Telephone: (____) _____
Email Address: _____

2. PENNSYLVANIA ACCREDITED EMS EDUCATIONAL INSTITUTE VERIFICATION (This section **SHALL** be completed by the approved verifying institute representative for all candidates not desiring affiliation with a Pennsylvania Licensed EMS Agency)

ACCREDITED ALS EDUCATIONAL INSTITUTE ACCREDITED BLS EDUCATIONAL INSTITUTE

National Accreditation # _____ State Accreditation # _____

I verify that the candidate named on this form is affiliated with a recognized and accredited Pennsylvania EMS Educational Institute.

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Day Telephone (____) _____
Email address: _____

3. MEDICAL DIRECTOR VERIFICATION (This section shall be completed by the approved verifying agency representative for all candidates)

I verify that the candidate named on this form has met all local and state eligibility requirements in order to pursue Pennsylvania EMS Provider Certification with the intent to function in the EMS Agency Program of which I am the Medical Director.

Medical Director
Signature: _____ Date: _____

Printed Name: _____ Day Telephone (____) _____
Email Address: _____

4. APPLICANT SIGNATURE I understand that ALL information on this form is correct to the best of my Knowledge, and is subject to verification. Failure to meet any requirements may serve as grounds of ineligibility for certification.

Applicant's signature: _____ Date _____

MEMORANDUM AND ASSUMPTION OF RISK AGREEMENT

The Pennsylvania Emergency Medical Responder (EMR)/Emergency Medical Technician (EMT) certification examination is made of two parts: a psychomotor (practical) exam and a cognitive (written or computer based) exam. The psychomotor exam consists of 5 stations for the EMR and 7 stations for the EMT. You will be graded on your ability to perform specific skills in each station required for your certification. You will be graded individually. You will be given hypothetical situations. The skill/grading sheets used are from the National Registry of EMT's. These are the official validation for EMR and EMT candidates, approved by the PA Dept. of Health, Bureau of EMS. Upon successful completion of all stations, you will then be required to attempt the EMR/EMT Written/Cognitive Examination.

There are 5 grading areas for the Psychomotor EMR exam, which are:

- Cardiac Arrest Management/AED
- Patient Assessment/Management-Trauma
- BVM Ventilation of an Apneic Adult Patient
- Patient Assessment/Management-Medical
- Oxygen Administration by Non-rebreather Mask

There are 7 grading areas for Psychomotor EMT exam, which are the 5 listed above and additionally:

- Spinal Immobilization (Supine Patient)
- Random EMT Skills

The skills performed will be within your scope of practice for the level of certification you are seeking. Student candidates will enter and perform individually and be evaluated on those skills as performed and verbalized. You are required to perform "hands-on" assessments that are correct, timely and appropriate function(s) of all skills. Re-testing opportunities will be based upon: the number of students and evaluators at the site, and the number of skill stations that candidates are initially successful.

Station times are dependent upon the number of students testing. Ample time is provided to complete all necessary skills, for your first attempt.

Emergency Medical Responder (EMR)

Retesting:

- If you are unsuccessful in one (1) or two (2) stations you will be re-tested on only the skills that you did not pass. This re-test may be offered on the same day, the decision for re-testing is at the discretion of the exam coordinator.
- If you are unsuccessful in three (3) or more of the stations you will be required to re-test all five (5) of the stations. This re-test will **not** be offered on the same day. This would be considered exam attempt one (1).

Total exam attempts allowed will be six (6) and they must be completed within 2 years of successful completion of the certification class. After three (3) failed exam attempts, the student must complete one of the following to become eligible for the next three (3) exam attempts:

- a. Successfully complete the entire certification program
- b. Successfully complete a "hands-on" remedial course at the appropriate EMS provider level approved by the department.
 - Must be taught by a current PA EMS Instructor from an approved EMS Education Institute.
 - After the documentation from the EMS Education Institute has been received by the Regional EMS Council, the student candidate can be scheduled for re-test opportunities.
- c. If all six (6) exam attempts are unsuccessful, the student shall be required to retake the entire certification program.

Emergency Medical Technician (EMT)

Retesting:

- If you are unsuccessful in one (1), two (2) or three (3) stations you will need to be re-tested on only the skills that you did not pass. This re-test may be offered on the same day, the decision for re-testing is at the discretion of the exam coordinator.



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- If you are unsuccessful in 4 or more skill stations you will be required to re-test all 7 stations. This will **not** be completed on the same day. This would be considered exam attempt one (1).

Total exam attempts are six (6) and they must be completed within two (2) years of successful completion of the certification class. After three (3) failed exam attempts, the student must complete one of the following to become eligible:

- Successfully complete the entire certification program
- Successfully complete a "hands-on" remedial course approved by the department.
 - Must be taught by a current PA EMS Instructor from an approved EMS Education Institute.
 - After the documentation from the EMS Education Institute has been received by the Regional EMS Council, the student candidate can be scheduled for re-test opportunities
- If all six (6) exam attempts are unsuccessful, the student shall be required to retake the entire certification program.

There is only Pass or Fail. To successfully complete the psychomotor-practical portion of the certification examination, a pass grade must be attained in all skills stations. All skills stations that receive a fail grade may be retested. The retest may or may not be held on the same day as the original examination.

The examination process is to provide you with a fair and unbiased evaluation. Do not discuss the exam with any students before, during or after your skills station rotation. If you are found to be exchanging information with anyone during your psychomotor exam, you will be removed from the exam and your results will be invalidated.

The skills are to evaluate your ability to correctly perform care for the patient, in a safe manner during the examination process.

At each station an Evaluator/Skill Examiner:

- Will greet you.
- Introduce themselves.
- Give you further instructions.

Once you encounter the patient, the evaluator/skill examiner may have updated patient information for you and will provide it if and when appropriate. The evaluator/skill examiner will respond as medical command or as the incoming EMS Unit **ONLY** if the scenario requires a communication element. The evaluator/skill examiner will not be permitted to answer questions once the scenario begins.

You may **not** inquire as to the results of your exam either by station or as a whole. The examiners are **not** permitted to discuss with you whether you are successful or unsuccessful.

The undersigned assumes all responsibility for all risk of damage or injury that may occur to the undersigned while attending or participating in a practical/psychomotor examination. In consideration of being accepted as a participant in such practical/psychomotor examinations, the undersigned hereby releases, discharges, and holds harmless the Regional Emergency Medical Services Council and any associated organizations and successors and their owners, employees, and agents from all claims, demands, rights of causes of action, present and future, whether known, anticipated or unanticipated, and resulting from or arising out of, or incident to, the undersigned's attendance at, participation in or intended participation in practical examinations.

I HAVE READ, UNDERSTAND, AND SIGNED THE AFORESAID MEMORANDUM OF AGREEMENT AND ASSUMPTION OF RISK AGREEMENT AND RELEASE

_____	_____	_____	_____
Exam Candidate	Date	Witness	Date
		(If Examinee is a minor, Witness must be a Parent or Guardian)	

_____	_____
PRINTED NAME	PRINTED NAME

Name of EMS Education Institute: _____



FUNCTIONAL POSITION DESCRIPTION FOR THE EMERGENCY MEDICAL TECHNICIAN

INTRODUCTION

The following is a position description for the Emergency Medical Technician (EMT). This document identifies the minimum qualifications, expectations, competencies and tasks expected of the EMT.

QUALIFICATIONS FOR CERTIFICATION

To qualify for state certification, the applicant shall at a minimum:

1. Meet minimum state entry requirements and completion of all required documentation.
2. Meet requirements, such as attendance, grades , and all clinical and field patient contacts.
3. Successfully complete all certification examinations.
4. Have a valid skills verification form signed (Appendix ____).

COMPETENCIES

The EMT must demonstrate competency in handling emergencies utilizing basic life support equipment in accordance with the objectives in the National Highway Traffic Safety Administration EMS Education Standards for EMT and other objectives identified by the Department, to include having the ability to:

- Verbally communicate in person, via telephone, telecommunications and other electronic devices using the English language.
- Hear and interpret spoken information from co-workers, patients, physicians and dispatchers and sounds common to the emergency scene.
- Lift, carry and balance a minimum of 125 pounds equally distributed (250 pounds with assistance), a height of 33 inches, a distance of 10 feet.
- Read and comprehend written materials under stressful conditions.
- Verbally interview patient, family members, bystanders and hears and interprets their responses.
- Document physically in writing all relevant information in prescribed format.
- Demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care.
- Bend, stoop, crawl and walk on uneven surfaces.
- Meet minimum vision requirements to operate a motor vehicle within the state.
- Function in varied environmental conditions such as lite or darkened work areas, extreme heat, cold and moisture.



DESCRIPTION OF TASKS

May function alone or as a member of a multi-member team.

Receives calls from dispatchers, verbally acknowledges the call, reads road maps or electronic mapping systems, identifies of the most expeditious route to the scene, and observes traffic ordinances and regulations.

Upon arrival at the scene, ensures that the vehicle is parked in a safe location; performs size-up to determine scene safety and situational awareness including the presence of hazardous materials, mechanism of injury or illness, determines total number of patients. Performs triage and requests additional help if necessary.

Maintains knowledge and ability to recognize and multiple casualty incidents, acts accordingly to triage and communicate the need for the appropriate type and number of resources.

Communicates verbally for additional help as needed.

In the absence of public safety personnel, takes safety precautions to protect the injured and those assisting in the care of the patient(s).

Will be expected to make critical decisions, perform in a professional and ethical manner.

Using body substance isolation techniques protects the patient(s) and providers from possible contamination. Is educated on the most current infection control issues and precautions to include proper cleaning, sterilizing, and decontamination of equipment and vehicles.

Inspects for medical identification, emblems, bracelets or cards that provide emergency care information.

Communicates to patient(s), family members, bystanders, guardians and others to obtain history taking information in regard to medical history, suspected illness or injury and conditions prior to activating the EMS system.

Determines nature and extent of illness or injury, checks respiration, auscultates breath sounds, takes pulses, blood pressure by auscultation and palpation (including proper placement of the cuff), visually observes changes in skin color, obtains a pulse oximetry value, establishes priority for emergency care. Based on assessment findings, renders emergency care to adults, infants and children.

Skills performed include but are not limited to: establishing and maintaining an airway, ventilating patients manually or with the use of an automatic transport



ventilator, cardiac resuscitation, use of automated external defibrillators and mechanical CPR devices with additional training where applicable. In addition, provides prehospital emergency care of single and multiple system trauma such as controlling hemorrhage, treatment of shock (hypoperfusion), bandaging wounds, spinal immobilization and splinting of painful swollen or deformed extremities.

Manages medical patients to include but are not limited to: assisting in childbirth, management of respiratory, cardiovascular, endocrine, allergic, neurologic, behavioral, and environmental emergencies and suspected poisonings.

Is well informed on current Health Insurance Portability and Accountability Act (HIPAA) issues, patient confidentiality, living wills, surrogate decision makers, civil and criminal court cases.

Shall know the five rights of medication administration.

Performs interventions and assists patients with prescribed medications, including sublingual nitroglycerin, auto injectors, aspirin by mouth, oral glucose and patients prescribed nebulized/aerosolized inhalers.

Responsible for the administration of oxygen using a variety of oxygen delivery devices.

Application of mechanical patient restraint

Reassures patient(s) and bystanders by working in a confident, efficient manner.

Interacts with patients, family members, and public safety personnel in a professional manner. Communicates clearly during treatment, transport and patient hand-off.

Adjusts communication strategies for patients of varying age and developmental ranges, special needs and differing cultures.

Interacts with patients and families with special challenges and communicates in a clear, professional and appropriate fashion, to be morally and ethically sensitive to the needs and perceptions of the patients, families and bystanders.

Is able to recognize the signs and systems of a critically ill appearing patient and acts responsibly and accordingly.

Performs in situations that create stress and tension on a regular basis.

Where extrication is required, assesses extent of entrapment and provides all possible emergency care and protection to the patient. Uses recognized techniques and equipment for removing patients safely. Following extrication provides



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additional medical care and triaging the injured in accordance with standard emergency procedures.

Complies with regulations for the handling of crime scenes and prehospital deaths by notifying the appropriate authorities and arranging for the protection of property and evidence at the scene.

Carries and places patient in the ambulance and assures that the patient and stretcher are secured, and continues emergency medical care enroute in accordance with state and local protocols.

Determines most appropriate facility for patient transport. Reports to the receiving facility the nature and extent of injuries, the number of patients being transported.

Observes patient enroute and administers care as directed by medical control, local/state or national protocols. Able to maneuver to all points in the patient compartment while transporting with a stretchered patient. Assists in lifting and carrying patients, and appropriate equipment from ambulance and into receiving facility.

Reports verbally and in writing, observations and emergency care given to the patient at the scene and in transit to the receiving staff for record keeping and diagnostic purposes. Upon requests, provides assistance to the receiving facility staff.

Maintains ambulance in operable and safe condition, which includes cleanliness, orderliness and restocking of equipment and supplies. Determines vehicle readiness by checking general maintenance to include oil, fuel, braking and steering systems and tire pressure. Will properly utilize all safety equipment available.

Checks all medical equipment for future readiness. Maintains familiarity with all specialized equipment.

Is informed and practices safe operations of vehicles, safety and operational concerns with air medical transport and all forms of rescue.

Maintains awareness of level of hazardous materials

Attends continuing education and refresher training programs as required by EMS agency, medical direction, and/or certifying agency.

Meets all qualifications within the functional position description of the EMT.



CERTIFICATION OF ELIGIBILITY

At the first session of any of the following Pennsylvania Certification Courses, each student must sign one of the following statements. This form must be returned to the Council Representative by the close of the second class.

PLEASE CHECK THE LEVEL OF CERTIFICATION YOU ARE SEEKING:

- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Pre-hospital EMS Physician (PHP)
- Advanced EMT (AEMT)
- Paramedic (P)
- Rescue Technician (BVR or SVR)
- Pre-hospital RN (PHRN)
- Pre-hospital Physician Extender (PHPE)

Student Name _____

Please Print

PLEASE READ AND SIGN ONLY ONE (1) OF THE FOLLOWING STATEMENTS

BELOW:

Not Seeking Accommodations

I have read and understand the Functional Position Description (FPD) for the level of certification checked above. I meet all the competencies listed on the FPD and I have no other conditions that would preclude me from safely and effectively performing all the skills and tasks of the level of certification (as checked above) for which I am seeking Pennsylvania certification.

Signature _____ Date _____

Name of EMS Educational Institute: _____

Seeking Accommodations

I have read and understand the Functional Position Description (FPD) for the level of certification checked above. I will be submitting a request for an accommodation for the ~~Pennsylvania State written certification examination~~. I understand that I must complete the Accommodation Form for further explanation and submit this to the Bureau of Emergency Medical Services within 14 days from the course start date. I understand that without the Accommodation Form with further explanation being completed and signed, my request will not be processed.

NR BLS
practical

Signature _____ Date _____

Name of EMS Educational Institute: _____

**BUCKS COUNTY
EMERGENCY HEALTH SERVICES**

911 Ivyglenn Circle, Ivyland, PA 18974
(215) 215-340-8735 Fax (215) 957-0765
email: mlrymdeika@co.bucks.pa.us
website: www.bcehc.org

County Commissioners

ROBERT G. LOUGHERY, CHAIRMAN
CHARLES H. MARTIN, VICE-CHAIRMAN
DIANE M. ELLIS-MARSEGLIA, L.C.S.W.

Michele L. Rymdeika
Training Coordinator

FINAL SIGN-OFF SHEET

I HAVE READ THE EMT COURSE ATTENDANCE POLICY. I UNDERSTAND THIS IF I MISS MORE THAN SIXTEEN (16) HOURS, I WILL BE DISMISSED FROM THE COURSE.

I HAVE READ THE SEXUAL HARRASSMENT POLICY AND UNDERSTAND THAT IF I VIOLATE THIS POLICY IT MAY CONSITUTE GROUNDS FOR DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL FROM THE PROGRAM AS A STUDENT OR INSTRUCTOR. THE PENALTIES SET FORTH WITHIN THIS POLICY ARE AN ADDITION AND NOT A SUBSTITUTE FOR ANY OTHER POLICY OR PENALTY.

I HAVE READ AND UNDERSTAND THE EMT COURSE GUIDE AND UNDERSTAND WHAT IS EXPECTED OF ME.

PRINT NAME _____ DATE _____

SIGNATURE _____