EMS REGISTRY JOB AID FOR EMS ADMINISTRATION

SUBMITTING AN AMENDMENT / RENEWAL APPLICATION
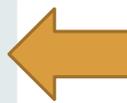
To access the agency associated with your account, you must first log into the PA EMS Registry using your username and password https://ems.health.pa.gov

Once logged in, hove over "organization" and then click "EMS System Organization"

Then a tan box will appear with the agency your account is associated with – click "Manage"

EMS System Organization Associated With Your Account

Business Name	Routing	Status	
LTS EMS Council	Applicant	Approved	Manage

1

The first section of tabs will be "General Information/EMS Org). CLICK the tab that is labeled "EMS Agency"

General Information(EMS Org.) | Acknowledgment/Amend/Submit(EMS Org.) | Users(EMS Org.) | Processing(EMS Org.) | ConED Sponsors
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	
			Full	06/26/2023	06/30/2026	Manage

1

Once you selected EMS Agency – it will pull up the Active Agencies and display any applications that are associated with your account. To access the application – click "MANAGE"

General Information(EMS Org.) | Acknowledgment/Amend/Submit(EMS Org.) | Users(EMS Org.) | Processing(EMS Org.) | ConED Sponsors
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 | Users | Processing | Reimbursement | Notes

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:

It brings an entire second set of tabs – this is the EMS Agency section

Service Name: If your agency has a "Doing Business As" (DBA) – it must be a registered fictious name with the Pennsylvania Department of State

Level of Service: List ALL levels of service your agency is / will be licensed at (*If your agency operates as an ALS / IALS Ambulance or Squad, you also operate a BLS Ambulance and Squad – EVERYTHING that is ALS/IALS is also BLS*)

Headquarters and Mailing Address: If your administrative headquarters differs from your mailing address, be sure to enter BOTH addresses
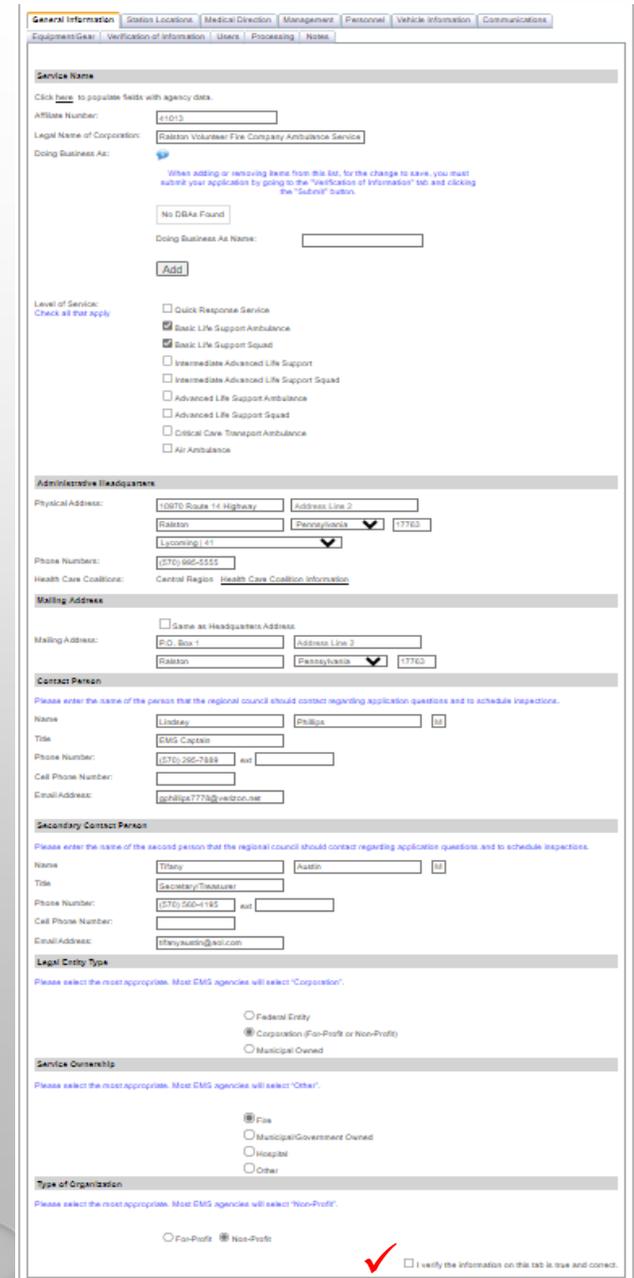
Contact Person: The PRIMARY contact regarding questions with your application and to schedule inspections. A SECONDARY contact person is now <u>REQUIRED</u>. This is the individual who can be contacted if the primary contact can not be reached.

Legal Entity Type: Federal Entity, Corporation (for-profit or non-profit), Municipal Owned

Service Ownership: Fire, Municipal / Government Owned, Hospital, or Other

Type of Organization: For-Profit or Non-Profit

**ONCE THIS SECTION IS COMPLETED, PLACE A CHECK MARK IN THE BOX: "I verify the information on this tab is true and correct"

Main Station Location

Copy Address From Administrative Headquarters

Address Line 1: 10970 Route 14 Highway
Address Line 2:
City: Ralston
County: Lycoming | 41
State: Pennsylvania
ZIP: 17763
Phone Number: (570) 995-5555

Substation Locations

Export to Excel

No Station Locations Selected

Address:
City:
County: Select County
State: Pennsylvania
ZIP:
Phone Number:

[Add]

System Status Management

Does your agency use System Status Management?   ○ Yes   ● No

Service Areas

Agency has first due 911 coverage for a municipality in Pennsylvania: ● Yes   ○ No

Please identify the municipalities in Pennsylvania for which your agency has been assigned or designated first due for 911 dispatches.

Name	MCD Code	County	
McIntyre	41929	Lycoming	Delete
1			

[Add]

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

Station Locations Tab:

Main Station: For most agencies – this is where the administration headquarters is located

Substations: Any other locations where a vehicle is housed and operates out of

System Status Management: Does your agency track and position units to optimize response times? - "Rove"

Service Area: What areas your agency is 1st due for all 911 responses – to add a municipality – click "add" and type the name / county then click search. Then place a checkmark in the box and select add – to delate – just click "delete". This must ALWAYS be up to date

**ONCE THIS SECTION IS COMPLETED, PLACE A CHECK MARK IN THE BOX: "I verify the information on this tab is true and correct"

Medical Direction Tab:

Contact information (phone and email) should NOT be generic contact information – must be updated

**ONCE THIS SECTION IS COMPLETED, PLACE A CHECK MARK IN THE BOX: "I verify the information on this tab is true and correct"

Management Team

Please use the search feature below select and add members of the management team. The management team is considered to be anyone who has operational control over the EMS Agency such as: President, CEO, Executive Director, Chief, Operations Manager, EMS Captains, EMS Lieutenants etc.

If the member of management is not found in the EMS Registry please contact your regional EMS Council for instructions on how to complete an Administrative Access application.

Typically management teams consists of 2 or more people.

Management Team

First Name	Last Name	Title	Date Of Birth

1

Search

Criminal Convictions and Disciplinary Actions

○ Yes ● No Has any member of the applicant's team been convicted of a misdemeanor or felony, or had discipline imposed against a license, certification or other authorization to practice a health care occupation or profession?

○ Yes ● No Has any member of the applicant's management team had a financial interest in or served as a member of the management team of an ambulance service that was convicted of a misdemeanor or felony, or had discipline imposed against it's license while that member had a financial interest in the ambulance service or served on it's management team?

Management Service Contracts

This only applies to agencies who are managed or staffed by another agency through a management agreement. Billing company agreements are not management service contracts for the purposes of this application.

[Choose File] No file chosen   [Add]
After browsing for your file, you must click add in order for the file to be attached to your record.

Please upload a copy of any management service contracts

Agency Emergency Contact

Please supply emergency contact information so that an agency representative can be contacted 24/7 in the event of an emergency, such as a line of duty death, vehicle crash, mass casualty incident, or infection control issue. This number may be a personal cell phone of a member of the management, an on call supervisor phone number, or a non emergency number for your primary PSAP to have a pager activated.

Primary Emergency Contact (This MUST be an Individual's name and contact information)

Name:
Title:
Phone Number:

Alternate Emergency Contact

Alternate contact may be an individual name or a position such as "On Duty Supervisor" or "Manager on Call"

Name:
Title:
Phone Number:

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

Management Tab:

Management Team: At a minimum *TWO* individuals should be listed. *If you are attempting to add someone to the management team and they are NOT an EMS provider, they will need to create an account in the EMS Registry System for Administrative.*

Criminal Conviction: Check as applicable

Management Service Contacts: This is when an agency has a staffing agreement or manages another EMS Agency. A copy of the agreement *MUST* be uploaded.

Agency Emergency Contact: This is the individual who can be reached 24/7/365 in case of an emergency. The alternate emergency contact can be listed as an On Duty Supervisor or Manager On Call.

**ONCE THIS SECTION IS COMPLETED, PLACE A CHECK MARK IN THE BOX: "I verify the information on this tab is true and correct"

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Personnel Tab:

Agency Roster: The roster should be kept up to date. There is no need to submit an amendment to change the roster – this is a living document. If a provider on the roster shows IN RED it means that provider has an expired certification. The registry will NOT allow you to submit an application with an expired provider. To add a provider to your roster, enter their name or cert number, click search. *When they appear in the search, click select, and select paid or volunteer, click add.*

Roster Totals: After you add or delete providers – this will automatically update and break down the number of providers by certification.

Response Plan: Does the EMS Agency staff 24/7/365 at the highest level you are licensed as? If your agency does not, click NO. Does the agency participate in an approved county-wide or broader level EMS Response Plan (needs to be approved by the Bureau of EMS). Select yes or no

Pediatric Emergency Care Coordinator (PECC): Does your agency participate? If so – enter the information requested
**ONCE THIS SECTION IS COMPLETED, PLACE A CHECK MARK IN THE BOX: "I verify the information on this tab is true and correct"

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Vehicle Information Tab:

All vehicles the agency intends to use are REQUIRED to be listed on the application. If you take a unit out of service permanently, the vehicle needs to be removed from the EMS Agency application, the DOH decals MUST be removed and returned to the EMS Council office.

Make sure all information being entered is correct. Enter the vehicle year, make, model, plate (EV plates are NOT mandatory), VIN, and type.

If you applied to have an EV plate, you do not need to wait until the plate arrives to have the vehicle inspected. Once the plate arrived, you MUST amend the application to reflect the new plate.

**ONCE THIS SECTION IS COMPLETED, PLACE A CHECK MARK IN THE BOX: "I verify the information on this tab is true and correct"

Left screenshot (Communications tab):

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

Equipment/Gear | Verification of Information | Users | Processing | Reimbursement | Notes

Communications Capabilities

Primary means of communication with the PSAP must be via radio.

What does your agency use for back up communications? ☑ Cell Phone ☐ MDT ☑ Secondary Radio/Frequency

Are you dispatched by a county or municipal PSAP? ● Yes ○ No

Are your vehicles equipped with Mobile Data Terminals? ○ Yes ● No

Are your vehicles equipped with Broadband Internet Access? ○ Yes ● No

Are your vehicles equipped with agency provided cell phones? ○ Yes ● No

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

Communications Tab: ⬆

The primary means of communications to the PSAP MUST be via radio. If you list a 911 coverage area in station location, you MUST click YES

Equipment Tab: ➡

List how many *SETS OF GEAR* your EMS agency is licensed for. For Example: if an agency has 10 ambulances, enter 10 for BLS, if you have 4 sets of ALS gear then enter 4 for ALS. This will factor into the total number of transport ambulances you are licensed and authorized to operate

**ONCE THIS SECTION IS COMPLETED, PLACE A CHECK MARK IN THE BOX: "I verify the information on this tab is true and correct"

Right screenshot (Equipment/Gear tab):

General Information | Station Locations | Medical Direction | Management | Personnel | Vehicle Information | Communications | Equipment/Gear
Verification of Information | Users | Processing | Reimbursement | Notes

Equipment/Gear

Please identify how many of each of the sets of gear below you have. IALS/ALS/CCT Gear should include the required BLS equipment to be considered a set of gear. The number of transport ambulances you are licensed and authorized to operate will be the lesser of Sets of Gear, Vehicles, or Cots.

QRS 1
BLS 2
IALS 0
ALS 0
CCT 0
Air 0

How many functioning cots with 5 straps does your agency have? This will factor in to the total number of transport ambulances you are licensed and authorized to operate. 2

QRS optional Equipment/Medications per PA protocol - EMR Level.
☐ Mechanical Chest Compression Device Use
☐ Naloxone – Intranasal or Auto-Injector
☐ Oxygen

QRS optional Equipment/Medications per PA protocol - EMT Level.
☐ Blood Glucose Assessment
☐ Carbon Monoxide CO-Oximetry Monitoring
☐ Continuous Positive Airway Pressure (CPAP)
☐ EPINEPHrine – Auto Injector (not patient's)
☐ Mechanical Chest Compression Device Use
☐ Pulse Oximetry
☐ Naloxone – Intranasal or Auto-Injector
☐ Nebulized Bronchodilators
☐ Chewable Aspirin
☐ Instant Glucose

BLS optional Equipment/Medications per PA protocol - EMT Level.
☐ 12-Lead ECG Acquire and Transmit
☐ Nebulized Bronchodilators
☐ Blood Glucose Assessment
☐ Carbon Monoxide CO-Oximetry Monitoring
☐ Carbon Monoxide CO – exhaled analysis device
☐ Continuous Positive Airway Pressure (CPAP)
☐ EPINEPHrine – Auto Injector (not patient's)
☐ EPINEPHrine – IM injection ("Check and Inject Kit")
☐ Glucagon Intranasal or Autoinjector
☐ Hemostatic agents
☐ Mechanical Chest Compression Device Use
☐ Naloxone – Intranasal or Auto-Injector
☐ Activated Charcoal

Pediatric Voluntary Recognition Program
Do you Participate in the Pediatric Voluntary Recognition Program ○ Yes ● No

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

General Information | Station Locations | Medical Direction | Management | Personnel | Vehicle Information | Communications | Equipment/Gear

Verification of Information | Users | Processing | Reimbursement | 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: [07/02/2024]

Please upload the authorization letter on Company Letterhead signed by the individual listed above if other than the person submitting the application.

[Choose File] No file chosen   [Add]

After browsing for your file, you must click add in order for the file to be attached to your record.

File	Upload Date		
scan0057.pdf	6/23/2020	Delete	Download
scan0057.pdf	6/23/2020	Delete	Download

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.

You are not able to submit your application with expired providers on your roster.

[Update EMS Agency (Amendment)]

[Save] [Delete Saved Applications]

Verification of Information Tab:

This is the last tab that NEEDS to be completed in order to submit an EMS Agency Application.

Enter your name and title. If you click in the date box, a calendar will appear and it will have today's date. If you click today's date it will populate in the date box.

Check all appropriate boxes.

Once this tab is complete you will click "I HAVE READ AND I ACCEPT THE ABOVE TERMS AND CONDITIONS"

If your agency is within 120 days of expiring, you will have the option of submitting an amendment or renewal. Once you select either amendment or renewal the screen will go great and a white box will appear and ask if you are sure, click yes.

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General Information | Station Locations | Medical Direction | Management | Personnel | Vehicle Information | Communications | Equipment/Gear

Verification of Information | **Users** | Processing | Reimbursement | Notes

Associated Users

Login Name	First Name	MI	Last Name	Region	Role		
				LTS EMS Council	Administrator	Edit	Delete
⊢				LTS EMS Council	Administrator	Edit	Delete
1							

Add

Users Tab:

It is suggested that each agency have TWO individuals listed as a user. To be added as a user, they MUST be listed as a user in the EMS Organization tab.

If the listed user / users are no longer affiliated with the agency and the agency needs to add users the agency MUST email a letter, on company letter head, to the EMS Council requesting assistance to add a user.

The letter MUST clearly identify who should be listed as a user on the application. The letter MUST be signed by the President or Vice President.

Once the regional council receives the letter, the regional council can make the necessary changes.

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Links:

PA EMS Registry:
[EMS Registry (pa.gov)](#)

Lycoming County EMS Council:
[Lycoming County > Emergency Medical Services](#)

Licensure Information:
[Lycoming County > EMS Page 6](#)

Contact:
Amber Snyder, Regional EMS Field Coordinator
asnyder@lyco.org