

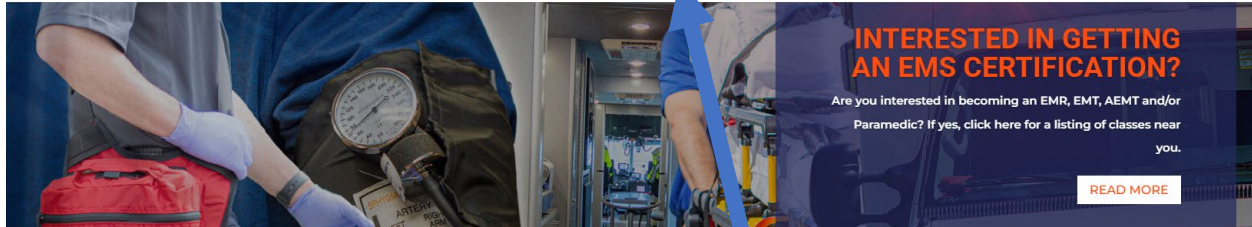
Department of Health, Bureau of EMS

EMS Registration Directions

Go to: [emsi.org](https://emsi.org)



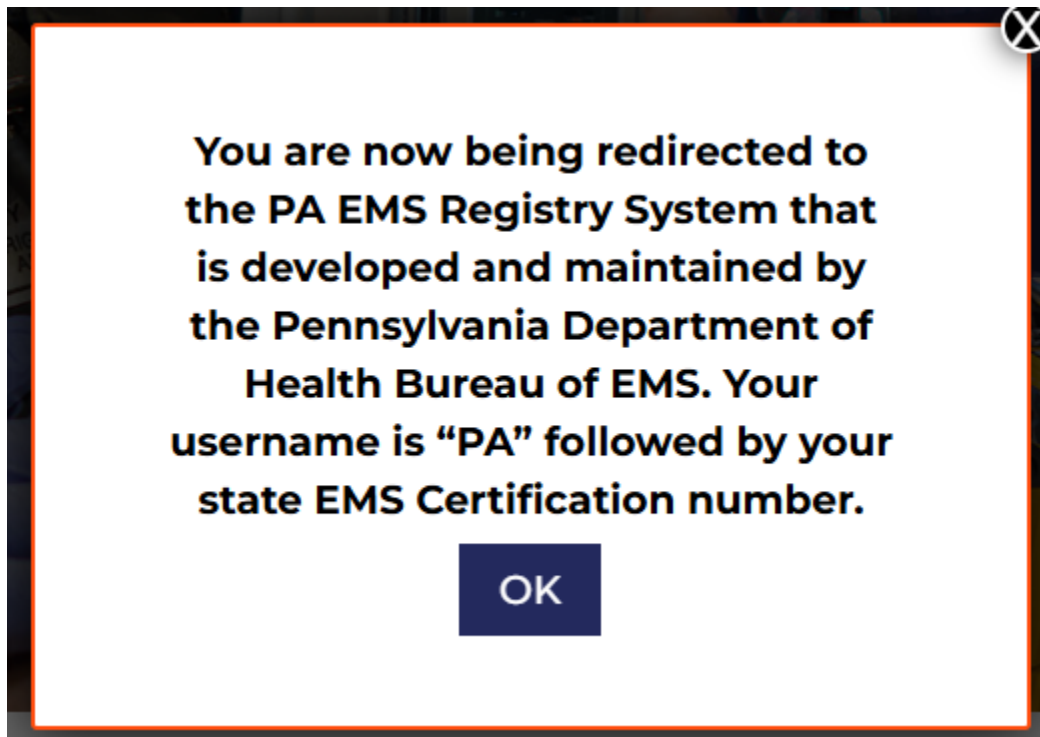
EMS REGISTRY TRAIN PA CON-ED HOW TO CERTIFY EMS AGENCY PA EMS BUREAU



Select EMS Registry


EMS REGISTRY

You will get a new pop-up advising the following:




Select OK, screen will change to:

## EMS Registration Directions




Pennsylvania  
Department of Health

# Emergency Medical Services



## Registry Links

- [Forgotten User Name?](#)
- [Change/Reset Password](#)
- [New Provider Application](#)
- [Registry Help](#)
- [Public Search](#)
- [Agency Public Search](#)
- [Ed Institute Public Search](#)
- [Certification Class Public Search](#)
- [Veterans Registry](#)
- [National Registry](#)
- [TRAIN](#)
- [Downloadable Documents](#)

 [EBH Login Page](#)

Login below to access the PA EMS Registry.

User Name:

[Forgotten User Name?](#)

Password:

[Change/Reset Password?](#)

Login

IGNORE THE LOGIN, AS YOU HAVE ONE YET

EMS Registry v7.0

Select “New Provider Application” under Registry Links:

**Registry Links**

- [Forgotten Username?](#)
- [Change/Reset Password](#)
- [New Provider Application](#)
- [Registry Help](#)

**Answer the questions; Select “No”, screen will automatically update.**

Have you been an EMS Student, EMS Provider, or EMSVO in PA in the past?

☐ Yes ☐ No

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**Question 2:**

**Select User Type:**

**SELECT:** Emergency Medical Technician



Select User Type


Select User Type

- Administrative Access (Admin Access)
- Emergency Medical Services Vehicle Operator QRS Only (EMSVO QRS)
- Emergency Medical Services Vehicle Operator (EMSVO)
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Paramedic (Paramedic)
- Pre-Hospital Registered Nurse (PHRN)
- Pre-Hospital Physician Extender (PHPE)
- Medical Command Physician (MC Physician)
- Pre-Hospital EMS Physician (PHP)
- Agency Medical Director (Agency Med Dir)
- Regional Medical Director (Regional Med Dir)

**Question 3**

**Screen will update to “FUNCTIONAL POSITION DESCRIPTION FOR THE EMERGENCY MEDICAL TECHNICIAN”**

Scroll down, read, and at the end check the acknowledge box.

I have read, understand and acknowledge the aforesaid memorandum of agreement and assumption of risk agreement. I also have read, understand and acknowledge the Functional Position Description. 

**Then select “Continue to EMS Application”**

Continue to EMS Application

## **Section 4:**

**Complete all associated tabs:**

- 1. General Information (see below)**
- 2. SKIP “EMS Application/CPR” tab ; unless applicable to you**
- 3. Education (see below)**
- 4. Release and Consent (see below)**

**See next page**

## Department of Health, Bureau of EMS

### EMS Registration Directions

General Information EMS Application/CPR Education Release and Consent

#### Applicant Data

Name:

Address:

Street Address 1 Street Address 2

City ZIP Zip+4

County of Residence:

Phone Numbers:

Primary Phone Secondary Phone

Email Address:

- ☐ I do not want to receive any email regarding EMS Educational Opportunities
- ☐ I do not want to receive any email regarding important notices that may affect the EMS system.

Opting out of emails above will not affect email notifications regarding your certification.

Date Of Birth:

- ☐ In lieu of a Social Security Number, I am providing a PA drivers license, PA Photo ID, or VISA number

Social Security Number:

Providing an inaccurate social security number may be considered fraudulent. This will delay the processing and could result in your application being denied, and/or disciplinary action.

#### EMS ID

Gender:

Race:

Education:

Where did you hear about this course?

#### Criminal History/Disciplinary Actions

NOTE: If you have previously reported a conviction or disciplinary action and you have been issued an Authorization Letter from the Bureau of EMS, DO NOT check YES below.

- ☐ Yes ☐ No Have you ever been convicted of a crime other than a summary or similar offense?
- ☐ Yes ☐ No 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?

#### Additional Information

- ☐ Yes ☐ No Do you want to apply for Certification by Endorsement of another State's or National Registry Certification?
- ☐ Yes ☐ No Accommodations are needed for EMS Provider Certification Examination.
- ☐ Yes ☐ No Would you like to apply for tuition reimbursement? (If yes, you will receive an email with additional information)

EMS Registry v7.0.0

**COMPLETE ALL ASSOCIATED INFORMATION**

Department of Health, Bureau of EMS

EMS Registration Directions

**SKIP “EMS Application/CPR”**

**Proceed to Education Tab**

**Go to “Current Certification Class Search”**

General Information	EMS Application/CPR	<b>Education</b>	Release and Consent
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**Current Certification Class:**

Search to find certification courses being offered. You may use this feature to request enrollment in the course. Your information will be shared with the Educational Institute. Enrollment will need to be completed by contacting the Educational Institute.

Ed Institute Name:  
Class Number:  
Course Name:  
CertLevel:  
Class Address:  
Class Phone:

**Current Certification Class Search:**

No classes found.

Ed Institute Name:   
Class Number:

**Prior EMS Educational Institutes attended:**

List any prior Educational Institutes that you have attended (optional)

Name:

Address:    
Address 1 Address 2

City Zip

Dates Attended:

[Clear Selected Institute](#)

**Prior EMS Educational Institute Search:**

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EMS Registration Directions

Enter the following into "Class Number:" ~~2663005~~

Select "Search"

The following will appear:

USE THE POSTED  
EMT Class #: FOR DESIRE  
PROGRAM, FOUND ON THE  
PSTC EMT WEBSITE

Current Certification Class Search:

Class Number	Course Name	Class City	Start Date	End Date	Education Institute Name	
<del>2663005</del>	EMT	Export	<del>09/13/2025</del>	<del>01/14/2026</del>	Westmoreland County Community College	<a href="#">Request Enrollment</a>

1

Ed Institute Name:

Class Number:

Other option, put "Westmoreland County Community College in the "Ed Institute Name" to see all associated courses.

Select "Request Enrollment"

Screen will change to:

Current Certification Class:

Search to find certification courses being offered. You may use this feature to request enrollment in the course. Your information will be shared with the Educational Institute. Enrollment will need to be completed by contacting the Educational Institute.

Ed Institute Name: Westmoreland County Community College

Class Number: 2663005

Course Name: EMT

CertLevel: Emergency Medical Technician

Class Address: 6707 Mellon Road Export, Pennsylvania 15632

Class Phone: (724) 872-2447

Go to "Release and Consent" Tab

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EMS Registration Directions

Check the following boxes

Applicant Data

General Information

EMS Application/CPR

Education

Release and Consent

Student Release and Consent

Click [here](#) to print a copy of this tab.

☒ 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)

Please list any other individual you consent to being provided information above.

☒ 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.

Submit

EMS Registry v7.0.0

Submit

You should now be registered for the class.