

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
DIVISION OF EMERGENCY MEDICAL SERVICES**

**CONTINUING EDUCATION SPONSOR ACCREDITATION APPLICATION  
SECTION I - ACCREDITATION INFORMATION**

<input type="checkbox"/> Initial Accreditation	Sponsor Number: _____	Date: _____
<input type="checkbox"/> Renewal Accreditation		

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Regional EMS Council: \_\_\_\_\_ Regional Code: \_\_\_\_\_ County Code: \_\_\_\_\_

<u>Contact Person:</u>	E-Mail Address: _____
Name: _____	Title: _____
Address: _____	Daytime Telephone: _____
City: _____ State: _____ Zip Code: _____	Evening Telephone: _____

<b>Principle Business (MARK ONE):</b> <input type="checkbox"/> EMS Education <input type="checkbox"/> Hospital <input type="checkbox"/> Ambulance Service <input type="checkbox"/> QRS <input type="checkbox"/> Other: _____	<b>Continuing Education Level (MARK ONE):</b> <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> BOTH
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On behalf of the applicant, I hereby agree, that if granted accreditation as a continuing education sponsor, the applicant shall follow all rules and regulations established by the Department. The applicant acknowledges that failure to do so may result in withdrawal or non-renewal of accreditation. In addition, the applicant agrees that all continuing education programs offered/registered via the web will meet the following minimum standards:

1. The courses shall be of intellectual and practical content.
2. The courses shall contribute directly to the professional competence, skills and education of prehospital personnel.
3. The course instructors shall possess the necessary practical and academic skills to conduct the course effectively.
4. Course materials shall be well COGNITIVE/COMPUTER ADAPTIVE (written) , carefully prepared, readable, and distributed to attendees at or before the time the course is offered whenever practical.
5. The courses shall be presented in a suitable setting devoted to the educational purpose of the course.
6. The course completion paperwork shall be submitted to the regional EMS council within 10 days after the course has been presented.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION II - ACCREDITATION RENEWAL INFORMATION**

**Instructions:** List at least five (5) continuing education courses offered in the past three (3) year period.

Accreditation Renewal Verification		
Date -- Month/Year	Class Number	# of Students Registered

**SECTION III - REGIONAL EMS COUNCIL USE ONLY**

Date Received: \_\_\_\_\_

Complete

Incomplete

Current Expiration Date: \_\_\_\_\_

If incomplete, date returned: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Action Recommended:

Approval

Approval for Provisional Accreditation

Disapproval

Date of Recommendation: \_\_\_\_\_

Date Submitted to Department: \_\_\_\_\_

If disapproval or approval for provisional accreditation is recommended, please state reason:

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Notification to Applicant: \_\_\_\_\_ (Date)

**SECTION IV - DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_

Approved

Approved for Provisional Accreditation

Disapproved

Previous expiration date: \_\_\_\_\_

(For Provisional) Compliance by: \_\_\_\_\_

New expiration date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Forwarded to region EMS council: \_\_\_\_\_

Reason(s) for Disapproval: \_\_\_\_\_