

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

**Prototype CONTINUING EDUCATION SPONSOR ACCREDITATION APPLICATION**

**SECTION I - ACCREDITATION INFORMATION**

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

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

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

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

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

**Contact Person:** \_\_\_\_\_ 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 shall 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 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.

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

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

**SECTION II - ACCREDITATION RENEWAL INFORMATION**

ROUTING: <input type="checkbox"/> Applicant <input type="checkbox"/> Regional EMS Council <input type="checkbox"/> Department of Health
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**Instructions:** List at least five (5) continuing education courses offered in the past three (3) year period.

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

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

Date Received: \_\_\_\_\_  Complete  
 Incomplete  
 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: \_\_\_\_\_ Previous expiration date: \_\_\_\_\_  
 Approved (For Provisional) Compliance by: \_\_\_\_\_  
 Approved for Provisional Accreditation New expiration date: \_\_\_\_\_  
 Disapproved

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

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

<b>CONTINUING EDUCATION SPONSOR ACCREDITATION APPLICATION INSTRUCTIONS</b>
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Please type or print all information. Applications received that are unreadable will be returned.

### **Section I - Accreditation Information**

*Shaded Box:* Mark whether or not this is an initial application, or an accreditation renewal application. Do not complete the sponsor number space for initial applications. Sponsors that are applying for renewal need to insert their sponsor number in the space provided.

*Date:* Place the date of application in the provided space.

*Name of agency:* Insert the legal name of the agency applying for accreditation. Individuals applying for accreditation need only place his/her full name in this space.

*Address:* Insert the mailing address of the applicant.

*Regional EMS Council:* The name of the regional EMS council serving the mailing address shown.

*Regional Code:* Two-digit code for regional EMS council

*County:* Name and number of county where CE sponsor is located.

*E-Mail Address:* The electronic mail address of the agency or contact person if applicable. An E-Mail address is not required.

*Contact Person:* The person that coordinates the activities of the continuing education sponsor.

*Principle Business:* Mark the primary business type of the agency requesting accreditation.

*Continuing Education Level:* Mark the one that indicates the level of continuing education training that the sponsor plans to offer on a regular basis.

*Signature of Applicant:* The applicant should read the statement contained at the bottom of Section I, print their name, sign and date the application. Unsigned applications will be returned.

Applications are to be submitted to the regional EMS council. The applicant should retain one copy for the applying agency's records.

### **Section II - Accreditation Renewal Information**

Continuing education sponsors requesting re-accreditation must demonstrate that they have offered at least five (5) courses in the past three (3) years. Continuing education sponsors must complete the table listing the courses sponsored and conducted within the last (3) years. List the date (month/year), class number, and number of students registered for a minimum of (5) five courses. These may be the same course with different class numbers, or may be different courses with different class numbers.

### **Section III - Regional EMS Council Use Only**

*Date Received:* The date the application was received in the regional EMS council office.

*Reviewed by:* Name and title of person reviewing the application.

*Date Reviewed:* The date the review occurred.

*Action Recommended:* The reviewer marks the regional EMS council recommendation.

*Date of Recommendation:* Date the recommendation was made.

*Date Submitted to the Department:* Date the application, with recommendation, is submitted to the Department.

If disapproval or provisional is recommended by the regional EMS council, the reason(s) for disapproval or provisional must be clearly identified on the application.

*Notification to Applicant:* After the regional EMS council receives the Department's decision on the application, the regional EMS council must notify the applicant – please enter the date of notification.

### **Section IV - Department Use Only**

*Date Received:* Date of receipt in Division office.

*Reviewed by:* Name of staff responsible for review of the application.

*Decision for Approval, Disapproval or Provisional:* Mark appropriate box. If disapproved, the rationale for disapproval must be identified.

*Date Forwarded to Regional EMS Council:* Date the application was sent to regional EMS council.