

**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	Country		Race			
Education Level				County of Residence			

**SECTION B - CRIMINAL CONVICTIONS**

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

YES

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.**

***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.***

If you responded YES 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.

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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.

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.

Describe the circumstances surrounding the crime(s) for which you were convicted.		
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 now or were you on probation/parole <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Completion / Projected Completion	
Probation/Parole Officer Name	Probation/Parole Officer Telephone Number:	
City of probation/parole	County of probation/parole	State of probation/parole
Was court ordered counseling classes/evaluation part of your probation/parole?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If you have answered <b>YES</b> to the question above provide the type of court ordered sessions.		
Are you going to counseling voluntarily?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If you have answered <b>YES</b> to the question above provide the type of voluntary sessions.		
Name of Counselor	Telephone Number of Counselor	

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**SECTION C - VEHICLE OPERATOR LICENSE**

Within the past 4 years, has your driver’s license been suspended or revoked?

YES

NO

If yes, attach your official driving history record. A Pennsylvania driving history record can be obtained on-line.

**SECTION D – 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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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.

**SECTION E – 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Last Name \_\_\_\_\_

First Name \_\_\_\_\_



**pennsylvania**

DEPARTMENT OF HEALTH

Bureau of Emergency Medical Services

**WAIVER OF SOCIAL SECURITY NUMBER  
VERIFICATION STATEMENT**

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 reregister 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