

## Application for Enrollment Pennsylvania EMSC Voluntary Recognition Program

Please complete the following demographic information in its entirety and forward this request for participation to the Pennsylvania Emergency Health Services Council office via mail, fax, or email.

Incomplete or inaccurate applications will not be considered for recognition under this Voluntary Recognition Program.

### EMS Agency Information

Application type:	<input type="checkbox"/> New	<input type="checkbox"/> Change in level	<input type="checkbox"/> Agency update
Name:			
Address:			
City, State, Zip:			
Affiliate #:		Level Applied for:	
EMS Region:		County:	
Contact Name:			
Phone Number:			
Email Address:			

### EMS Agency Medical Director Information

Name:	
Address:	
City, State, Zip:	
Phone Number:	
Email Address:	

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