



**Pennsylvania EMSC Voluntary Recognition Program
Compliance Reporting Form
Background Checks**

To be completed by an EMS agency administrator (e.g., chief, human resources administrator, director, president, etc.).

By signing this verification form, I attest to the fact that my EMS Agency maintains, on record, a Pennsylvania Department of Human Services ChildLine background clearance and a P.A.T.C.H. criminal record check on all of our EMS providers who function as clinical care providers for our agency, as well as EMSVOs that actively operate our EMS vehicles.

I acknowledge that our personnel records, specific to this form, are subject to audit and inspection without notice.

I acknowledge that the requirement of the EMSC Voluntary Recognition program is simply to ensure a background clearance is conducted on all EMS providers (including EMSVOs), but that I have been advised by the program to seek legal counsel on any actions concerning any EMS provider with a founded child abuse report or criminal record. Also, I understand that this program currently does not require updated clearances, but recommends that my EMS agency repeat background checks every two years.

Print Name: _____

Title: _____

Agency Name: _____ **Affiliate #** _____

Signature: _____ **Date:** _____