



**Pennsylvania EMSC Voluntary Recognition Program  
Compliance Reporting Form  
Child Passenger Safety Technicians**

*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 has at least one (1) nationally-certified Child Passenger Safety (CPS) Technician on staff or as a member of our EMS agency. The following EMS provider(s) or member(s) of our EMS agency are CPS Technicians:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I acknowledge that the above-listed personnel are certified by the National Child Passenger Safety Certification Training Program. I understand that the CPS Technician database will be checked to ensure compliance with this Voluntary Recognition Program.

I acknowledge that my EMS agency will complete at least one (1) child safety seat inspection event annually, and that our CPS Technician(s) will be available either during regular weekly hours or by appointment, or a combination of both.

**Print Name:** \_\_\_\_\_

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

**Agency Name:** \_\_\_\_\_ **Affiliate #** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_