



**Pennsylvania EMSC Voluntary Recognition Program  
Compliance Reporting Form  
Community Outreach Programs**

*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 regularly participates in a minimum of two (2) community outreach offerings annually which focus on pediatric education, injury prevention initiatives, and/or outreach within our community. These outreach events include, but may not be limited to, the following:

1. \_\_\_\_\_  
\_\_\_\_\_

Date held/scheduled: \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

Date held/scheduled: \_\_\_\_\_

I attest that we maintain, on file at my EMS agency, a record of our participation in these types of community outreach events and will provide notice, whenever possible, to the Pennsylvania EMSC Program of upcoming community outreach events. I acknowledge that all records of these events are subject to audit and inspection without notice.

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

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

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

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