



**Pennsylvania EMSC Voluntary Recognition Program  
Compliance Reporting Form  
Pediatric Emergency Care Coordinator (PECC)**

*To be completed by an EMS agency administrator (e.g., chief, human resources administrator, director, president, etc and the individual being represented as a PECC.).*

The following EMS provider of our EMS agency is being designated as our PECC:

**Print Name of PECC:** \_\_\_\_\_

**Certification level:** \_\_\_\_\_ **Certification # :** \_\_\_\_\_

**Signature of PECC:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this verification form, I attest to the fact that my EMS Agency has an individual who has been identified as the agency Pediatric Emergency Care Coordinator.

I acknowledge that the above-listed PECC is authorized to represent my EMS agency in matters pertaining to pediatric care. I understand that the PECC requirements allow flexibility and that my EMS agency will develop a PECC program appropriate to meet the needs of our pediatric patients.

I acknowledge that in order to ensure with this Voluntary Recognition Program level I will maintain a Pediatric Emergency Care Coordinator. Should this individual no longer be authorized as a PECC for my agency I will immediately notify the PA EMSC program of a replacement and submit a new signed PECC Compliance Reporting Form.

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

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

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

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