



**Pennsylvania EMSC Voluntary Recognition Program
Compliance Reporting Form
Pediatric Continuing Education**

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 requires that all EMS providers obtain a minimum of four (4) hours of continuing education on pediatric-specific subject matter per year. This continuing education can only be approved courses by the Pennsylvania Department of Health for EMS continuing education credit.

I attest that we maintain, on record, proof of this accomplishment, such as course completion certificates or Pennsylvania EMS continuing education reports for each provider at our EMS agency.

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

Print Name: _____

Title: _____

Agency Name: _____ **Affiliate #** _____

Signature: _____ **Date:** _____