



**Pennsylvania EMSC Voluntary Recognition Program  
Compliance Reporting Form  
Pediatric Ambulance Equipment & Assessment Participation**

*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 all EMS vehicles, all pediatric equipment mandated by Pennsylvania licensure standards and all of the supplemental equipment as required by the Pennsylvania EMSC Voluntary Recognition Program.

I acknowledge that our equipment, specific to this form, is subject to audit and inspection without notice, including during a Department of Health Safety Spot Inspection. Additionally, I understand that when a national EMS assessment, administered by NEDARC, is conducted that my EMS agency must participate in the survey, if selected.

I acknowledge that future ambulance licensure inspections conducted by the Department of Health and Regional EMS Council(s) will verify the continued maintenance of these items in order to maintain recognition through the EMSC Voluntary Recognition Program.

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

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

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

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