



PENNSYLVANIA
EMSC State Partnership Program

PREPARED FOR
PEDIATRICS
EMERGENCY MEDICAL SERVICES

GENERAL ATTESTATION

Recognition Level: BRONZE SILVER GOLD

Agency Name* (legal name as licensed)

Date

DBA (if applicable)

Agency Affiliate number* (first 5 digits of number on license decal)

As a supplement to the EMS agency application for recognition in the Prepared for Pediatrics EMS program, the following attestations to program requirements as outlined in the program handbook for the recognition level identified above are submitted. (please initial each requirement).

The EMS agency will maintain:

- _____ PECC compliance with recognition level requirements.
- _____ The additional Equipment, Supplies, and Medications as listed in the program document.
- _____ Background Check compliance with recognition level requirements.
- _____ Compliance with recognition level education requirements.
- _____ A Family Centered Care Policy as submitted with the application.
- _____ NEMSIS compliance with recognition level requirements.
- _____ EMSC Survey compliance with recognition level requirements
- _____ A pediatric specific triage system as per the recognition level requirements

Application Attestation

I hereby attest that the EMS agency listed herein is compliant with the specific requirements listed above and as outlined in the Prepared for Pediatrics Program Administrative Handbook. Furthermore, the EMS agency will maintain compliance with program requirements for the recognition level identified throughout the recognition term until required to renew their application. I understand that any falsification, omission, or concealment of material fact may subject the EMS agency to action against the application, including rejection or reversal of recognition award.

Name _____ Title _____

Signature _____

Should be signed by senior level agency leadership (Chief, President, Executive Director, etc.)