



PENNSYLVANIA
EMSC State Partnership Program

**PREPARED FOR
PEDIATRICS**
EMERGENCY MEDICAL SERVICES

EMS INTENT TO APPLY

Agency Name* (legal name as licensed)

Date

DBA (if applicable)

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

Primary Contact*

Name _____ Title _____

Email _____ Phone _____

Application Authorization

I hereby acknowledged and approve my EMS Agency's Intent to Apply for the Pennsylvania Pediatric Readiness Recognition Program **Prepared for Pediatrics EMS**. Furthermore, my EMS agency understands that all requirements and resources to successfully obtain verification at one of the three levels of recognition are the sole responsibility of the agency.

Name _____ Title _____

Signature _____

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

A completed form should be submitted as an electronic attachment to: EMSC@PEHSC.org

