



Emergency Medical Services



Login below to access the PA EMS Registry.

In Response to the COVID-19 Crisis, the Bureau of EMS has issued a number of EMS Information Bulletins affecting EMS Providers and Agencies. Follow the link below to see all of the latest bulletins.

[EMS Information Bulletins](#)

Effective immediately any Department approved CPR course appearing on EMSIB 2018-11 State Recognized CPR Programs and has a suggested/actual expiration date on or after January 1, 2020 will be considered by the Bureau of EMS to be current through December 31, 2020.

[COVID-19 Information from the PA Department of Health](#)

User Name:
[Forgotten User Name?](#)

Password:
[Change/Reset Password?](#)

Login



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- [Public Search](#)
- [Agency Public Search](#)
- [Veterans Registry](#)
- [National Registry](#)
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NEWS: CPR WITH AN EXP OF 1/1/2020 OR LATER CAN BE USED FOR REREGISTRATION



Emergency Medical Services



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Friday, September 11, 2020

- EMS Agency Search
- EMS System Organization
- Medical Command Facility

Main > My Record

Edit My Practitioner Record

Provider Name: TIMOTHY A MENGEL
Certification Number: 026317
Certification Level: Paramedic
Certification Issue Date: 10/2/2019 Certification Expiration Date: 12/31/2021
Practitioner Status: **Active**

Applicant Data Certifications Con-Ed Notes Affiliations

General Information EMS Application/CPR Education Instructor Driving History Release and Consent

Practitioner Picture and Signature



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[Main](#) > EMS System Organization

EMS System Organization associated With your account

All EMS organizations (EMS Agencies, Educational Institutes, Continuing Education Sponsors) you have been granted administrative access to appear below.

If you do not see an Organization that you should be associated with please contact your organization's administrator, if you are the administrator for the organization please contact your Regional EMS Council.

New Courses and Classes should be entered using the Education menu above and choosing the appropriate item from the drop-down menu.

EMS System Organization Associated With Your Account

Business Name	Routing	Status	
PA DOH Rescue	Applicant	Approved	Manage
Delaware County Emergency Services Training (ETA)	Applicant	Approved	Manage
Delaware County Regional EMS Office	Applicant	Approved	Manage
1			

EMS System Organization Search

Before adding a new EMS System Organization, please search to see if one already exists.

Business Name:

Doing Business As:

State: ▼

County: ▼

Coalition: ▼





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[Main](#) > EMS System Organization

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1			

EMS System Organization Search Results

[Back to Search Criteria](#)

[Export](#)

Business Name	
community ambulance service club	Select
193rd Fire Department PA Air National Guard	Select
24-7 EMS/ASHI	Select
3rd Civil Support Team (WMD)	Select
7th Ward Civic Association	Select
911 AeroMedical Evac Squadron	Select
A Pocono Country Place	Select
A+ Safety Training, LLC	Select
A-K PULSER	Select
A.F. Dobler Hose & Ladder Company	Select
1 2 3 4 5 > >>	Per Page: 10 <input type="button" value="v"/>

[Add New EMS System Organization](#)





Emergency Medical Services



Last Logged In: 9/11/2020 12:08:13 PM

[Main](#) > EMS System Organization

Add New EMS System Organization Application

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Fill out information completely. Check Education Institute. DBA if necessary. PA Vendor can be skipped. Keep in mind where it says CEO/President - it means that or another ivory tower type. ALL organization responsibility and liability for anything and everything would fall upon this person.

General Information(EMS Org.)

Acknowledgment/Amend/Submit(EMS Org.)

General Information

Application Types: Sponsor Education Institute EMS Agency (Check all that apply)

Parent Company Name:

Parent Company Tax ID:

Doing Business As:

PA Vendor Number:

Phone Numbers:
Primary Phone Fax Number

Agency Website Address:

Physical Address

Address:
Address Line 1 Address Line 2

Pennsylvania
City Zip Zip+4

County:

Mailing Address

Address: Address is the same as the Physical Address

Address Line 1 Address Line 2

Pennsylvania
City Zip Zip+4

President/CEO Contact Information

[Search Registry](#)

Name Select Suffix
First Name Last Name MI

Title

Phone Numbers:
Primary Phone

Email Address:



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General Information(EMS Org.)

Acknowledgment/Amend/Submit(EMS Org.)

Acknowledgment

As the person, or other entity, as an owner, agent or otherwise, do hereby certify that the information provided in this application is true and complete to the best of my knowledge, information and belief.

Notice

I further acknowledge that I am on notice of the fact that this information herein will be relied upon by a public official to perform official functions. I further acknowledge that I have read this Notice and am aware that false statements that are made herein are punishable under the Pennsylvania Crimes Code.

I understand that as the person, or other entity, as an owner, agent or otherwise, by completing this application and or any subsequent applications for an EMS agencies, does not guarantee issuance of certification, accreditation and or license to operate, conduct, maintain, advertise or otherwise engage in or profess to be engaged in operating an EMS agency in this Commonwealth.

I further understand, if license, certification and or accreditation is denied or have disciplinary sanctions imposed against it by the Department it may publish information of its action and reasons for its decision on its web page and to the federal government.

Submit EMS System Organization

Cancel

EMS Registry v4.7.3