

NORTHAMPTON COUNTY EMS CREDENTIALING

(Required signature/initials MUST be those of the EMS Captain/EMS Director Only. Forms with typed names/initials will not be accepted.)

Station #: _____

Last Name: _____

First Name: _____

MI: _____

DOB: __/__/____

Last 4 of SSN: _____

INSTRUCTIONS: Check **ONLY ONE** for the Primary Certification. Under "OTHER," number the certifications 1 through 7 as they should appear on the card.

| Primary Certification | Cert. No. |
|---|-----------|
| <input type="checkbox"/> Jr. Member | _____ |
| <input type="checkbox"/> Support (No Cert.) | _____ |
| <input type="checkbox"/> First Responder | _____ |
| <input type="checkbox"/> E.M.T. | _____ |
| <input type="checkbox"/> NR E.M.T. | _____ |
| <input type="checkbox"/> Paramedic | _____ |
| <input type="checkbox"/> NR Paramedic | _____ |
| <input type="checkbox"/> PHRN | _____ |

| Other Certifications | Cert. No. |
|---|-----------|
| <input type="checkbox"/> Bus Rescue | _____ |
| <input type="checkbox"/> Cave Rescue | _____ |
| <input type="checkbox"/> Confined Space Rescue | _____ |
| <input type="checkbox"/> Diver | _____ |
| <input type="checkbox"/> Fire Marshal (Must provide PA State ID Number) | _____ |
| <input type="checkbox"/> Fire Police (PA Fire Academy Certified) | _____ |
| <input type="checkbox"/> Hazamat Operations | _____ |
| <input type="checkbox"/> Hazamat Technician | _____ |
| <input type="checkbox"/> PA Airport Fire Fighter | _____ |
| <input type="checkbox"/> PA Basic Veh Rescue Operations | _____ |
| <input type="checkbox"/> PA Basic Veh Rescue Technician | _____ |
| <input type="checkbox"/> PA Fire Officer I | _____ |
| <input type="checkbox"/> PA Fire Officer II | _____ |
| <input type="checkbox"/> PFBC-Boat Operations & Rescue | _____ |
| <input type="checkbox"/> PFBC-Ice Rescue | _____ |
| <input type="checkbox"/> PFBC-Water Rescue & Emergency Response | _____ |
| <input type="checkbox"/> RIT (PA Fire Academy Certified) | _____ |
| <input type="checkbox"/> Rope High Angle Rescue I | _____ |
| <input type="checkbox"/> Rope High Angle Rescue II | _____ |
| <input type="checkbox"/> Safety Officer (PA Fire Academy Certified) | _____ |
| <input type="checkbox"/> Structural Collapse I | _____ |
| <input type="checkbox"/> Structural Collapse II | _____ |
| <input type="checkbox"/> Wilderness Grid Team | _____ |
| <input type="checkbox"/> Wilderness SAR/Response | _____ |
| <input type="checkbox"/> Wildland Fire Fighter PA 130 | _____ |

| Other (Continued) | Cert. No. |
|---|-----------|
| <input type="checkbox"/> Delmar-ELFG | _____ |
| <input type="checkbox"/> Delmar-ELEF | _____ |
| <input type="checkbox"/> Delmar-ELIF | _____ |
| <input type="checkbox"/> Essentials (EBM) | _____ |
| <input type="checkbox"/> PA Fire Fighter I | _____ |
| <input type="checkbox"/> NBFSPQ Fire Fighter I | _____ |
| <input type="checkbox"/> PA Fire Fighter II | _____ |
| <input type="checkbox"/> NBFSPQ Fire Fighter II | _____ |

1) PHOTO ID & FORM MUST BE PRESENTED WHEN PHOTO IS TAKEN.

2) Information **MUST** be submitted using this form. No mass lists or altered forms will be accepted.

3) It is the responsibility of the Captain/Director to surrender the ID cards to the County if the individual is no longer a member of the agency.

4) All credentials issued remain the property of Northampton County and must be surrendered upon request.

PRINTED NAME, DATE, & INITIALS OF INDIVIDUAL RECEIVING THE CARDS

NAME: _____ DATE: _____

INITIALS: _____

TO BE COMPLETED AT THE TIME CARDS ARE RECEIVED.

CERTIFICATIONS ARE *ONLY* TO BE CHECKED OFF IF VALID CERTIFICATES ARE HELD FROM ONE OF THE FOLLOWING:

PA DEPT. OF HEALTH, PA FIRE ACADEMY, PA FISH & BOAT COMMISSION, NBFSPQ, FSCAC, DCNR

CERTIFICATION NUMBERS **MUST** BE LISTED WHERE APPLICABLE, OR THE CERTIFICATION WILL NOT BE LISTED.

I CERTIFY THE INDIVIDUAL LISTED IS A MEMBER OF MY AGENCY AND HAS COMPLETED IS-100 AND IS-700 .

Captain/Director Initials: _____

Captain/Director Signature: _____

Date: _____

As indicated by my signature, I attest the certifications, including levels, listed by the individual are true and correct.