

Respond To:
X 523 Dell Street
Bellefonte, PA 16823

713 Bridge St., Suite 18
Selinsgrove, PA 17870



Phone: (814) 355-1474 or
(570) 473-7834
Fax: (814) 355-5149
Web: www.smemsc.org

Application for Approval: Optional Licensure Add-Ons

Agency Information:

Agency Name:		Affiliate Number:	
Agency Point of Contact:		Title	
Agency Street Address:		P.O. Box / Suite / Apartment:	
City	State	Zip	Phone Number (Work Cell)
Applicant's Email Address			

Applying for:

BLS Add-Ons:

<input type="checkbox"/>	12 Lead for BLS (BLS 250)	<input type="checkbox"/>	CPAP (BLS 421)	<input type="checkbox"/>	Epi Pens (BLS 411)
<input type="checkbox"/>	Glucose Monitor (BLS 228)	<input type="checkbox"/>	Naloxone (BLS 831)	<input type="checkbox"/>	Nebulizer (BLS 421)
<input type="checkbox"/>	Glucagon (BLS 702)	<input type="checkbox"/>		<input type="checkbox"/>	

ALS Add-Ons:

<input type="checkbox"/>	Antibiotics for Open Fractures (ALS - 6093)	<input type="checkbox"/>	Etomidate (ALS 4002)	<input type="checkbox"/>	Ketamine (for SAI - ALS 4002)
<input type="checkbox"/>	Ketamine (Pain and/or delirium - ALS 6003)	<input type="checkbox"/>		<input type="checkbox"/>	

I have reviewed this application and all of the information contained herein, or submitted separately in support of the application, and verify that all information is accurate and complete.

Printed Name of Agency Representative

Date

Signature of Agency Representative

Date

Council Use Only:

Received:	Reviewed:	Approved:	Submitted:	In Service:
-----------	-----------	-----------	------------	-------------