

EMS PROVIDER CREDENTIAL FORM

This form may be used at the discretion of the EMS Agency Medical Director

Credential date period _____ to _____

Last Name First Name M.I. Certification Number

Mailing Address City State Zip Code

Email Phone Number

Check One: AEMT Paramedic PHRN PHPE PHP

Annual Review Initial Review **CERTIFICATION EXPIRATION DATE:** _____

EMS AGENCY NAME	EMS AGENCY AFFILIATE #
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List EMS agencies in which you PREVIOUSLY had medical command authorization:

Agency Name	Date(s) with agency	Agency Name	Date(s) with agency

Was your medical command authorization ever restricted and/or denied*? Yes No If yes, please explain
Has a disciplinary sanction been imposed and/or currently pending? Yes No If yes, please explain
Is your certification currently registered? Yes No
(* if restricted for initial precepting or for initial command, mark no)

Other Certifications:

BCLS expiration date: _____ ACLS expiration date: _____

ITLS/PHTLS expiration date: _____ PALS expiration date: _____

Last Annual Skill Assessment: _____

I hereby certify that the information provided on this application is true and correct to the best of my knowledge, information and belief. I grant the EMS agency medical director permission to investigate all information on this application and I grant third parties permission to release information about my professional competence to the EMS agency medical director. I understand that if my application is approved, this credential will be valid for no more than twelve months, unless withdrawn sooner by the EMS agency medical director. I further understand that this credential applies only to the EMS agency listed on this application and only permits practice in accordance with my scope of practice and under Statewide and regional EMS protocols and medical command.

Signature of applicant

Date

An EMS agency may not permit an EMS provider at or above the AEMT level to provide EMS at the EMS provider's certification level if the EMS agency medical director determines that the EMS provider has not demonstrated the knowledge and skills to competently perform the skills within the scope of practice at that level or the commitment to adequately perform other functions relevant to an EMS provider providing EMS at that level. Under these circumstances, an EMS agency may continue to permit the EMS provider to provide EMS for the EMS agency only in accordance with the restrictions as the EMS agency medical director may prescribe. The EMS agency shall notify the Department within 10 days after it makes a decision to allow an EMS provider to practice at a lower level based upon the assessment of the EMS provider's skills and other qualifications by the EMS agency medical director, or a decision to terminate the EMS agency's use of the EMS provider based upon its consideration of the EMS agency medical director's assessment.

I permit I do not permit applicant to provide EMS at their certification level at this EMS agency.

Restrictions (if applicable): _____

Signature of EMS Provider

Date

Signature EMS Agency Medical Director

Date

Signature EMS Agency Director

Date

The EMS agency shall maintain the EMS agency medical director's assessments and recommendations for 7 years (§1023.1(a)(1)(vi)–(viii) relating to EMS agency medical director).

RESTRICTION REMOVAL

The above provider previously had a restriction placed on their practice for this EMS agency.

As of _____ (date), the restriction has been lifted and the EMS agency medical director has determined that the EMS provider has the knowledge and skills to competently perform the skills within the EMS provider's scope of practice and has demonstrated a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level.

Signature of EMS Provider

Date

Signature EMS Agency Medical Director

Date

Signature EMS Agency Director

Date