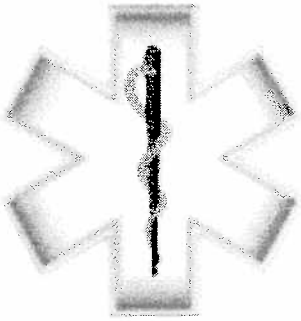

Pennsylvania Department of Health
Bureau of Emergency Medical Services

Application For Recognition As A Medical Command Physician

General Information

1. Last Name

2. First Name

3. Middle Initial

Facility Number

4. Doctorate Level Degree

Facility Name

- ○ D.O.
- ◉ M.D.

5. **Home Address**

a. Address

b. City

c. State

--- Select ---

d. Zip Code

7. Are you licensed by the Pennsylvania Department of State, Bureau of Professional and Occupational Affairs?

- ○ No
- ◉ Yes

If yes: License Type

License Number

Expiration Date

8. Have you completed an Emergency Medicine Residency Program?

- ○ No
- ○ Yes

a. **If yes, please provide residency program location and certification date.**
Residency Program Location

Certification Date

b. If you have not completed an Emergency Medicine Residency Program, were you recognized as a medical command physician in Pennsylvania prior to October 14, 2000?

- ○ No
- ○ Yes

If no, have you completed:
a. An Advanced Trauma Life Support Program?

- ○ No
- ○ Yes

b. A Pediatric Advanced Life Support, Advanced Pediatric Life Support, or Pediatric program approved by the Department?

- ○ No
- ○ Yes

c. Or served as an instructor for an Advanced Cardiac Life Support in the past 2 years?

- ○ No
- ○ Yes

9. Do you complete the American Medical Association's (AMA) Continuing Medical Education Credits or its equivalent (150 credit hours every three years)?

- ○ No
- ○ Yes

a. If you do not complete the AMA's continuing Medical Education Credits or its equivalent, are you a postgraduate year III in an approved residency program in emergency medicine?

- ○ No
- ○ Yes

If yes, which emergency medicine residency program?

b. If you do not complete the AMA's continuing Medical Education Credits or its equivalent, are you a postgraduate year II in an approved residency program in emergency medicine who will have concurrent on-line supervision by an approved medical commend physician?

- ○ No
- ○ Yes

10. Are you presently in another type of residency program?

- ○ No
- ○ Yes

If yes: Year

Specialty

Certification Date

11. Are you a full-time emergency physician?

- No
- Yes

Average # of Hours/Year

a. If you are not a full-time emergency physician, do you practice for at least half-time of a full-time medical practice?

- No
- Yes

Average # of Hours/Year

b. Please describe your full-time practice.

12. Do you possess a valid Drug Enforcement Agency Number?

- No
- Yes

If yes, provide number:

If no, provide explanation:

If you are a resident, and you utilize your hospital DEA number to order controlled substances, identify the hospital DEA number, as well as the suffix assigned to you.

13. Have you successfully completed a base station medical command course?

- No
- Yes

a. If not, are you willing to complete a base station medical command course adopted by the Department?

- No
- Yes

14. Are you currently an approved medical command physician in another area of the state?

- No
- Yes

Where?

15. If you are a resident (in an emergency residency program), who has a graduate training license, do you agree to only provide medical command within the complex of the hospital to which you are assigned?

- No
- Yes

Hospital Name

Location

a. If you are a resident (in an emergency residency program), who has a graduate interim limited license, do you agree to only provide medical command within the complex of the hospitals for which your program director has issued written approval?

○ No

○ Yes

Identify name of program director who has given approval.

Signature of Program Director

b. Identify the name and location of hospitals where you will be providing medical command.

c. As a resident, if you provide medical command at several hospitals, explain how these hospitals are affiliated with the hospital to which you have been assigned, and issued as interim limited license to practice.

16. **As a medical command physician, when you order a Schedule II controlled substance and it has been administered, you must comply within 72 hours with the requirement to forward a signed prescription to the dispensing/replacing pharmacy, hospital or physician. Please sign below that you are aware of this requirement.**

Please attach copies of

1. **Pennsylvania Physician's License**
2. **Current Curriculum Vitae**
3. **Board Certification or Current ACLS and Current ATLS Certification**
4. **Completion of AMA's Continuing Medical Education Credits**
5. **Base Station Medical Command Course Certificate**

18 Pa. C.S §4904 provides:

A person commits a misdemeanor of the second degree if, with the intent to mislead a public servant in performing an official function, the person:

1. **Makes any written false statement which the person does not believe to be true;**
2. **Submits or invites reliance on any writing which the person knows to be forged, altered or otherwise lacking in authenticity; or**
3. **Submits or invites reliance on any sample, specimen, map boundary mark, or other object, which the person knows to be false.**

A person commits a misdemeanor of the third degree if the person makes a written false statement that the person does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.
I understand that if my application is approved that recognition as a medical command physician will be for a period of two years.

Applying Physician's Signature: _____

Medical Command Facility Medical Director Name:

Medical Command Facility Medical Director: _____

Regional Medical Director Name:

Regional Medical Director:

Regional EMS Council Executive Director Name:

Regional EMS Council Executive Director:

ATTENTION APPLICANT:
When approved/disapproved, the regional emergency medical services council will forward a copy of this application to the following:

1. **Applicant (Medical Command Physician)**
2. **Medical Command Facility**
3. **Pennsylvania Department of Health, Division of Emergency Medical Services**