

MEDICAL COMMAND AUTHORIZATION FORM

ALS Service Affiliate #	Calendar Year
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Last Name (ALS Practitioner) First MI

ALS Service Medical Director Checklist

<p>Initial Determination (Applicant has never had medical command authorization within PA). Must check each of the following.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verify continuing education requirements met <input type="checkbox"/> Verify certification through regional EMS council <input type="checkbox"/> Verify through regional EMS council that no disciplinary sanction is currently imposed against the individual that prevents the individual from receiving medical command authorization <p>Verification of competence to perform <i>all</i> services within the individual's scope of practice. Check at least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Direct observation <input type="checkbox"/> Consult suitable physician, PHRN, or EMT-P who has directly observed performance of services <p>Name: _____ Name: _____</p>	<p>Annual Review or Other Review with this ALS Service (Applicant has had previous medical command authorization within PA).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verify continuing education requirements met <p>Verification of competence to perform <i>all</i> services within the individual's scope of practice. Check at least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Direct observation <input type="checkbox"/> Consult suitable physician(s), PHRN(s), or EMT-P(s) who directly observed performance of services. <p>Name: _____ Name: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Perform medical audit of records of service <input type="checkbox"/> Consult emergency department physician(s) who has received patients treated by applicant <p>Name: _____ Name: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consult medical command physician(s) who has given command <p>Name: _____ Name: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consult ALS service medical director(s) who has granted, restricted, or denied command <p>Name: _____ Name: _____</p>
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Decision Rendered (Choose Only One Column)		
<p>Initial (with any ALS service)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Grant <input type="checkbox"/> Restrict for Preceptoring <input type="checkbox"/> Restrict for Other <input type="checkbox"/> Deny 	<p>Initial (with this ALS service)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Grant <input type="checkbox"/> Restrict for Preceptoring <input type="checkbox"/> Restrict for Other <input type="checkbox"/> Deny 	<p>Review (annual or other)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Renew <input type="checkbox"/> Renew and Require Con. Ed. <input type="checkbox"/> Restrict for Other <input type="checkbox"/> Withdraw

As the ALS service medical director of the referenced ambulance service, I have evaluated the individual's qualifications based upon the individual's ability to competently perform each of the services set forth within the scope of practice authorized by the individual's certification or recognition.

ALS Service Medical Director (Printed) Signature of ALS Service Medical Director Date

RESTRICTION OR DENIAL OF MEDICAL COMMAND AUTHORIZATION

ALS Service Affiliate #	Calendar Year
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Last Name (ALS Practitioner) First MI

ACTION TAKEN

As the ALS service medical director for this ambulance service, I have taken the following action with respect to the practitioner's medical command authorization with this ambulance service:

- RESTRICTED for Initial Service Preceptoring (This option may only be used if the applicant has not previously been granted medical command authorization with this service. This option may not be used if preceptoring is being done to remediate deficiencies.)
- RESTRICTED for Other Reason
- RENEW AND REQUIRE REMEDIAL CONTINUING EDUCATION
- DENIED / WITHDRAWN

List the restriction(s) placed on the medical command authorization or describe the reasons for denial or withdrawal of medical command authorization:

If medical command authorization has been renewed and additional continuing education is required to address a demonstrated deficiency in competence, list the continuing education courses that must be successfully completed:

The ALS practitioner has been notified of this decision and received a copy of this form.

ALS Service Medical Director (Print)

ALS Service Medical Director (Signature)

Date