

**PENNSYLVANIA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
APPLICATION FOR RECOGNITION AS A MEDICAL
COMMAND PHYSICIAN**

PLEASE PRINT

Name _____ M.D. D.O.
Last First Mi (CIRCLE ONE)

Home Address _____

City _____ State **PA** Zip Code _____

Medical Command Facility _____

Address _____

City _____ State **PA** Zip Code _____

Current Hospital Staff Affiliation(s) _____ Specialty Area _____

Circle Answer

- 1 Are you licensed by the Pennsylvania Department of State, Bureau of Professional And Occupational Affairs Yes No

If yes: License Type _____
License Number _____
Expiration Date _____

- 2 a. Are you board-certified in emergency medicine?..... Yes No
If yes, please provide certification date _____

- b. If you are not board-certified in emergency Medicine, are you currently certified by the American Heart Association in advanced Cardiac life support?..... Yes No

If yes: Provider or Instructor? _____
Expiration Date: _____

- c. If you are not board-certified in Emergency Medicine, are you currently certified by the American College of Surgeons in Advanced Trauma Life Support?..... Yes No

If yes, provider or instructor? _____
Provider expiration date. _____

3. a. Do you complete the American Medical Association's (AMA) Continuing Medical Education Credits or its equivalent (150 credit hours every three years?)..... Yes No

- b. If you do not complete the AMA's Continuing Medical Education credits or its equivalent, are you a post graduate year III in an approved residency program in emergency medicine?..... Yes No

If yes, which emergency medicine residency program?

Circle Answer

- c. If you do not complete the AMA's Continuing Medical Education credits or its equivalent, are you a post graduate year liin an approved residency program in emergency medicine who will have concurrent on-line supervision by an approved medical command physician?..... Yes No

4. Are you presently in another type of residency Program?..... Yes No

If yes: Year _____

Specialty _____

Certification Date _____

5. a. Are you a full-time emergency physician?... Yes No

() Full Time from _____ to _____

() Part Time from _____ to _____

Average # of hours/year _____

- b. If you are not a full-time emergency physician, do you practice for at least half-time of a full-time medical practice?... Yes No

- c. Please describe your full-time practice _____

5. Do you possess a valid Drug Enforcement Agency Number?..... Yes No

If yes, provide number. _____

If no, provide explanation _____

Identify name of program director who has given approval. _____

Signature of Program Director: _____

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 _____

c. Identify name and location of hospitals where you will be providing medical command. _____

7. a. Have you successfully completed a base station medical command course within the last two years?..... Yes No

b. If not, are you willing to complete a base station medical command course adopted by the Department?..... Yes No

8. Are you currently an approved medical command physician in another area of the region?..... Yes No
Where? _____

d. 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 an interim limited license practice. _____

9.a. 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?..... Yes No

10. 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.

b. 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?..... Yes No

Signature: _____

Please attach copies of:

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

Section 4904 of the Crimes Code Provides that:

- (a) A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his official function, he:
- (1) makes any written false statement which he does not believe to be true;
 - (2) submits or invites reliance on any writing which he knows to be true; forges, or otherwise lacking in authenticity; or
 - (3) submits or invites reliance on any sample, specimen, map, boundary mark, or other project which he knows to be false.

"I hereby certify that the information provided in this application is true and correct to the best of my knowledge, information, and belief. I further acknowledge that I am on notice of the fact that this information will be relied upon by a public official to perform their duties authorized by law. I further acknowledge that I am aware of the fact that false statements which are made herein are punishable under the Pennsylvania Crimes Code."

I understand that if my application is approved that recognition as a medical command physician will be for a period two years.

Applying Physician's Signature _____

Date _____

Approved: _____ (sign)

Medical Command Facility Medical Director (Print) _____

Date _____

Approved: _____ (sign)

Regional Medical Director (Print) _____

Date _____

Approved: _____ (sign)

Reginal EMS Council Executive Director (Print) _____

Date _____

After you have the Medical Command Facility Medical Director sign your application, please forward the application to the regional emergency medical services council

ATTENTION APPLICANT:

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

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