



DEPARTMENT OF HUMAN SERVICES
EMS AND TRAUMA SYSTEMS SECTION
PO BOX 14450
PORTLAND OR 97293-0450



APPLICATION FOR SUPERVISING PHYSICIAN

- APPLICATION TO BECOME A EMS MEDICAL DIRECTOR
- APPLICATION TO BECOME AN AGENT OF A EMS MEDICAL DIRECTOR

Please type or print legibly in black or dark blue ink only.

Have you ever applied to be a medical director in Oregon? Yes No

Have you ever applied to be an agent of a medical director in Oregon? Yes No

If yes, when? _____

MD DO Oregon Physician License Number: _____ Expiration Date: ____/____/____

Name: _____
Last First Middle Initial

Home Address: _____
P.O. Box or Street City State Zip Code

Work Name: _____

& Address _____
P.O. Box or Street City State Zip Code

Telephone - Home: _____ Telephone - Work: _____

FAX Number: _____ E-Mail Address: _____

Medical Specialty: _____

I will be the agent for Dr. _____

List the emergency medical service(s) and/or teaching institute(s) that you will be serving as the medical director or agent:

<u>EMS Agency/Teaching Institute</u>	<u>Address</u>	<u>Telephone Number</u>

I hereby certify that the information contained in this application is correct to the best of my knowledge; that I am in current practice and I am a resident of or actively practicing in the area in which the emergency medical service or teaching institute is located. I further understand my responsibilities as a medical director or agent include the following:

- * Possess thorough knowledge of skills assigned by standing orders to the First Responders and EMTs;
- * Possess thorough knowledge of the laws and administrative rules of the State of Oregon pertaining to First Responders and EMTs;
- * Issuance, review and maintenance of standing orders within the scope of practice not to exceed the certification level of the First Responder and EMT;
- * Explaining the standing orders to the First Responder and EMT, making sure they are understood and not exceeded;
- * Ascertaining that the First Responder and EMT are currently certified and in good standing with the OPH-EMS;
- * Providing regular review of the First Responder's and EMT's practice by complying with one or more of the following:
 - * Direct observation of prehospital care performance by riding with the emergency medical service;
 - * Indirect observation using one or more of the following:
 - * Prehospital care report review;
 - * Prehospital communications tapes review;
 - * Immediate critiques following presentation of reports;
 - * Demonstration of technical skills;
 - * Post-care patient or receiving physician interviews using questionnaire or direct interview techniques;
 - * Provide or coordinate formal case reviews; and
 - * Provide or coordinate continuing education.
- * Nothing limits the number of First Responder's and EMT's that I may supervise, however, I must meet with each EMT under my direction for a minimum of two hours each calendar year;
- * I shall report in writing to the Prehospital Standards Unit of Oregon Public Health EMS & Trauma Systems Section any action or behavior on the part of any First Responder and EMT that I supervise which could be cause for disciplinary action under ORS 682.220 or 682.224.

Signature of Applicant

Date