



EMS Provider Scope of Practice Change Request

Revised 10/2017

Please complete the following questionnaire regarding your request for an addition, deletion, or change to the EMS Provider scope of practice. Please provide as much information as you can to speed the review process. If you do not have an answer, you may leave a section blank and we will research the answer as time permits. Your proposal will be reviewed by the Oregon Medical Board's EMS Advisory Committee and the Department of Human Service/EMS's State EMS Committee will be consulted on proposed changes to the scope of practice. If we have questions concerning the proposal for change, we will be back in touch with you for additional information. Once the proposal is complete, it will be placed on the agenda of the next EMS Advisory Committee meeting.

1. What is your proposed change to the scope of practice and which provider level/s will be affected?

2. Why is this change needed? Why is this the best method of addressing it?

3. What are the advantages or benefits of the proposed change? (Is there a patient benefit?)



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4. What are the disadvantages or risks of the proposed change? (Is there potential for harm?)

5. Who else might be affected by the change? How will they be affected?

6. Who might oppose the change? Why might they oppose it?

7. Education:

A. Is this currently being taught in the EMS Provider curriculum?

Yes No

B. What would be the training needed to add this to the scope of practice?



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8. What are the financial impacts of the proposed change?
 - a. Cost of education and/or training
 - b. Cost of equipment and/or medication
 - c. Cost of permits (Clinical Laboratory Improvement Amendments (CLIA), Drug Enforcement Administration Registration (DEA), others?)

9. Is the proposed change currently being done in other EMS systems in the U.S.? In other countries?

10. What research or evidence is there that the proposed change is useful, beneficial, or works (please list references if any)?

NAME:		DATE:	
AGENCY NAME:			
POSITION:			
ADDRESS (Street):			
CITY:		STATE:	ZIP:
PHONE:		FAX:	
CELL PHONE:		E-MAIL:	



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E-mail EMS Scope of Practice Change Request form to all of the following:

netia.miles@state.or.us

shayne.nylund@state.or.us

david.p.lehrfeld@state.or.us

OR send by mail to:

Oregon Medical Board
EMS Advisory Committee
c/o Netia Miles, Licensing Manager
1500 SW 1st Avenue, Ste. 620
Portland, Oregon 97201-5847

and

Department of Human Service/EMS & Trauma Systems
State EMS Committee
c/o David Lehrfeld, MD, Medical Director
800 NE Oregon Street, Ste. 465
Portland, OR 97232