



Agency Medical Director Verification Form

EMS Agency Name: _____

EMS Affiliate Number: _____

Level(s) of Service(s) Agency Provides: (please mark all appropriate levels)

_____ Quick Response Service (QRS)

_____ Basic Life Support (BLS)

_____ BLS Squad

_____ Intermediate Advanced Life Support (IALS)

_____ IALS Squad

_____ Advanced Life Support (ALS)

_____ ALS Squad

_____ Critical Care Transport (CCT)

_____ Rotorcraft

The following roles, responsibilities, and qualifications are those established by the EMS System Act and its corresponding rules and regulations. All EMS agencies are required to have an EMS Agency Medical Director who meets the following qualifications and has responsibility for the items indicated below for EMS agencies under their direction:

§ 8125 Medical director of emergency medical services agency

(a) Qualifications--To qualify and continue to function as an EMS agency medical director, an individual shall:

(1) Be a physician.

(2) Satisfy one of the following:

(i) Have successfully completed an emergency medicine residency program accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.

(ii) Have successfully completed a residency program in surgery, internal medicine, family medicine, pediatrics or anesthesiology, accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine. The physician shall also have successfully completed or taught an advanced cardiac life support course acceptable to the department within the preceding two years and have completed, at least once, an advanced trauma life support course acceptable to the department and an advanced pediatric life support course acceptable to the department or other programs determined by the department to meet or exceed the standards of these programs.

(iii) Have served as an advanced life support service medical director under the act of July 3, 1985 (P.L.164, No.45), known as the Emergency Medical Services Act, prior to the effective date of this chapter.

(3) Have a valid Drug Enforcement Agency number.

- (4) Have completed the EMS agency medical director's course, an EMS fellowship or other EMS training program that is determined by the department to be equivalent. This training shall assure that the EMS agency medical director has knowledge of:
- (i) The scope of practice of EMS providers.
 - (ii) The provision of EMS pursuant to department-approved protocols.
 - (iii) The interface between EMS providers and medical command physicians.
 - (iv) Quality improvement principles.
 - (v) Emergency medical dispatch principles and EMS agency communication capabilities.
 - (vi) EMS system design and operation.
 - (vii) Federal and State laws and regulations regarding EMS.
 - (viii) Regional and State mass casualty and disaster plans.
- (b) Roles and responsibilities. An EMS agency medical director is responsible for the following:
- (1) Reviewing department-approved EMS protocols that are applicable to the EMS agency and ensuring that its EMS providers and other relevant personnel are familiar with the protocols applicable to them.
 - (2) Conducting for and reporting to the EMS agency the following:
 - (i) An initial assessment of an EMS provider at or above the advanced EMT level to determine whether the EMS provider has demonstrated competency in the knowledge and skills one must have to competently perform the skills within the scope of practice of the EMS provider at that level and a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level. This subparagraph does not apply if the EMS provider was working for the EMS agency at the same level prior to the physician becoming the medical director for the EMS agency and the EMS provider was credentialed at that EMS agency within the last year as being able to perform at the EMS provider's certification level.
 - (ii) At least annually, an assessment of each EMS provider at or above the advanced EMT level as to whether the EMS provider has demonstrated competency in the knowledge and skills an EMS provider must have to competently perform the skills within the scope of practice of the EMS provider at that level and a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level.
 - (3) Participating in and reviewing quality improvement reviews of patient care provided by the EMS agency and participating in the Statewide and regional quality improvement program.
 - (4) Providing medical guidance and advice to the EMS agency.
 - (5) Providing guidance with respect to the ordering, stocking and replacement of drugs and compliance with laws and regulations impacting upon the EMS agency's acquisition, storage and use of those drugs.
 - (6) Maintaining a liaison with the regional EMS medical director.
 - (7) Recommending to the department suspension, revocation or restriction of EMS provider's certifications.
 - (8) Reviewing regional mass casualty and disaster plans.
 - (9) Performing other functions as the department may impose by regulation.

Physician Name (Print): _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____ Cell Phone: _____

Email: _____

License Number: _____ Expiration Date: _____

I hereby attest that I have read and understand the specified qualifications of an EMS Agency Medical Director and meet those qualifications. I also attest that I have read and understand the roles and responsibilities expected of me as the EMS Agency Medical Director for the above referenced EMS Agency.

EMS Agency Medical Director Signature:

I have read and under the roles and responsibilities expected of an EMS Agency Medical Director and the Agency will ensure that the Agency Medical Director is performing all functions identified in the EMS Systems Act and its corresponding rules and regulations.

Upon an immediate resignation of the EMS Agency Medical Director, the agency leadership agrees to place the agency out of service until a new agency medical director is secured and on-boarded.

EMS Agency Representative Signature:

Date Effective: _____

Appendix A (following) is included as a part of the agency medical director verification and must be completed.

Appendix A – Skills Requiring Additional Training & Authorization

The following skills are indicated as “Additional Training and Authorization by EMS Agency Medical Director is required, and this skill may only be used when functioning with a licensed EMS agency that complies with the Department requirements for providing this skill” in the Scope of Practice for EMS Providers published December 30, 2023, in the *Pennsylvania Bulletin* and as updated in subsequent *Pennsylvania Bulletins*.

Please check any skills/ medications that are authorized for the EMS providers to perform at this agency. If no additional skills are authorized, please just complete the bottom of the form. Please check all appropriate boxes.

| Skill/Medication | EMR | EMT | AEMT | Paramedic |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 12-Lead ECG Acquire and Transmit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Albuterol or Albuterol/Ipratropium Solutions and Nebulizer Devices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavioral – Restrain Violent Patient | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bi-Level Positive Airway Pressure (BiPAP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood Glucose Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carbon Monoxide CO-Oximetry Monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carbon Monoxide CO – exhaled analysis device | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Continuous Positive Airway Pressure (CPAP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EPINEPHrine – Auto Injector (not patient’s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| “Check and Inject” Kit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Glucagon Intranasal or Autoinjector | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hemostatic agents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inspiratory Impedance Threshold Device (ITD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mechanical Chest Compression Device Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Naloxone – Intranasal or Auto-Injector | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oxygen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Single Mode, Volume Controlled Automated Ventilator (without blender) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thoracostomy Monitoring Closed (clamped or water seal) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Optional ALS Medications

The following are indicated as “Permitted for services that meet department requirements for training, medication stocking and any agency or quality improvement requirements verified by the agency’s assigned Regional EMS Council” in the “Approved and Required Medications Lists for Emergency Medical Service Providers” as published December 30, 2023, in the *Pennsylvania Bulletin* and as updated in subsequent *Pennsylvania Bulletins*. **Please check all appropriate boxes.**

| Medication | EMR | EMT | AEMT | Paramedic |
|--------------------------------------|-----|-----|------|-----------|
| ceFAZolin | | | | |
| Etomidate | | | | |
| Ketamine | | | | |
| Blood Draws for legal testing | | | | |
| Blood/Blood by-products (initiation) | | | | |
| Blood/Blood by-products (monitoring) | | | | |

As Agency Medical Director, I confirm no additional skills and/or medications are authorized for providers affiliated with this agency.

Agency Medical Director Name (Print): _____

Date: _____

Signature: _____