

Pennsylvania Department of Health  
Bureau of Emergency Medical Services

Medical Command Facility Medical Director Application

I. General Information			
Last Name:			
First Name:		Middle Initial:	
Doctorate Level Degree:		MD	DO
Home Address:			
City:		State:	
Zip:			
Telephone:			
E-mail:			
Medical Command Facility:			
Medical Command Facility Number:			

II. Qualifications	
Are you an approved medical command physician?	Yes      No
If yes, provide date of initial recognition as a Medical Command Physician	
Have you completed an Emergency Medicine Residency Program?	Yes      No
Provide residency program location	
Provide certification date	
If you have NOT completed an Emergency Medicine Residency Program, have you:	
Completed or taught an Advanced Cardiac Life Support Program within the last 2 years?	Yes      No
Completed an Advanced Trauma Course?	Yes      No
Completed a Pediatric Advanced Life Support, Advanced Pediatric Life Support Course, or equivalent program?	Yes      No
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?	
Provide expiration date	

<b>II. Qualifications</b>	
<b>If you have NOT completed a residency in Emergency Medicine, have you completed a residency in: Internal Medicine, Surgery, Family Medicine, Pediatrics, or Anesthesiology?</b>	<b>Yes</b> <b>No</b>
<b>Residency Program:</b>	
<b>Completion Date:</b>	
<b>Expiration Date:</b>	
<b>Do you have experience in prehospital and emergency department care of acutely-ill or injured patients?</b>	<b>Yes</b> <b>No</b>
<b>Are you a full-time emergency physician?</b>	<b>Yes</b> <b>No</b>
<b>Number of years involved in emergency medicine</b>	
<b>Full-time start date</b>	
<b>If you are NOT a full-time Emergency Medicine Physician:</b>	
<b>Part-time start date</b>	
<b>Average number of hours/week</b>	
<b>Average number of hours/year</b>	
<b>Do you have experience in base station radio direction of prehospital emergency units?</b>	<b>Yes</b> <b>No</b>
<b>Do you have experience in the training of basic and advanced prehospital emergency medical personnel?</b>	<b>Yes</b> <b>No</b>
<b>Do you have experience in the medical audit, review, and critique of BLS and ALS prehospital personnel?</b>	<b>Yes</b> <b>No</b>
<b>Do you possess a valid Drug Enforcement Agency Number?</b>	<b>Yes</b> <b>No</b>
<b>If yes, provide number</b>	
<b>If no, provide explanation:</b>	
<b>Attach the following copies:</b>	
<b>Pennsylvania Physician's License</b> <b>Current Curriculum Vitae</b> <b>Board Certification in Emergency Medicine</b> <b>Current ACLS and current ATLS certification in surgery, internal medicine, family medicine, pediatrics, or anesthesiology</b>	

**VI. Acknowledgment and Signature:**

**18 Pa. C.S. Section 4904 provides:**  
**A person commits a misdemeanor of the second degree if, with the intent to mislead a public servant in performing an official function, the person:**

- 1. Make any written false statement which the person does not believe to be true**
- 2. Submits or invites reliance on any writing which the person knows to be forged, altered or otherwise lacking in authenticity; or**
- 3. Submits or invites reliance on any sample, specimen, map boundary mark, or other object, which the person knows to be false**

**A person commits a misdemeanor of the third degree if the person makes a written false statement that the person does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.**

<b>Applying Physician's Signature:</b>	
<b>Applying Physician's Name:</b>	
<b>Date:</b>	
<b>Regional Medical Director's Signature:</b>	
<b>Regional Medical Director's Name:</b>	
<b>Date:</b>	
<b>Regional EMS Council Executive Director's Signature:</b>	
<b>Regional EMS Council Executive Director's Name:</b>	
<b>Date:</b>	

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

- 1. Applicant (Medical Command Facility Director)**
- 2. Medical Command Facility**
- 3. Pennsylvania Department of Health, Bureau of Emergency Medical Services**