



DEPARTMENT OF HUMAN SERVICES
 OREGON HEALTH DIVISION
 EMERGENCY MEDICAL SERVICES AND SYSTEMS
 PO BOX 14450
 PORTLAND OR 97293-0450
 Telephone No. (503) 731-4011 Extension 633



G APPLICATION TO BECOME A MEDICAL DIRECTOR
G APPLICATION TO BECOME AN AGENT OF A 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? **G** Yes **G** No

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

If yes, when? _____

G M.D. **G** D.O. Oregon Physician License Number: _____ Expiration Date: ____ / ____ / ____

Name: _____
 Last First Middle Initial

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

Work Name: _____
 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:

EMS Agency/Teaching Institute	Address	Telephone Number

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 EMTs and First Responders;
- * Possess thorough knowledge of the laws and administrative rules of the State of Oregon pertaining to EMTs and First Responders;
- * Issuance, review and maintenance of standing orders within the scope of practice not to exceed the certification level of the EMT and First Responder;
- * Explaining the standing orders to the EMT and First Responder, making sure they are understood and not exceeded;
- * Ascertaining that the EMT and First Responder are currently certified and in good standing with the Health Division;
- * Providing regular review of the EMT's and First Responder'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 EMTs or First Responders 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 Chief Investigator of the Health Division's EMS Section any action or behavior on the part of any EMT or First Responder that I supervise which could be cause for disciplinary action under ORS 682.175 or 682.185.

Signature of Applicant (Date)

(Health Division Use Only)	
Date Application Received:	G Currently licensed and in good standing with the Board of Medical Examiners Date: ____/____/____
	G Approval Denied Date: ____/____/____
	Reason(s): _____ _____
	G Approval Given Date: ____/____/____
_____ (Signature of Health Division Representative)	