

**Pennsylvania Department of Health  
Bureau of Emergency Medical Services**



Application For Recognition As A Medical Command Facility Medical Director

**General Information**

1. Last Name

2. First Name

3. Middle Initial

MCF Number

4. Doctorate Level Degree

M.D.

D.O.

6. Medical Command Facility

5. Email Address

**Home Address**

a. Address

b. City

c. State

d. Zip Code

7. Are you an approved medical command physician?

No

Yes

If yes, provide date of initial recognition as a Medical Command Physician.

8. Have you completed an Emergency Medicine Residency Program?

No

Yes

**a. If yes, please provide residency program location and certification date.**

Residency Program Location

EM Certification Date

b. **If you have not completed an Emergency Medicine Residency Program, have you:**

a. Completed or taught an Advanced Cardiac Life Support Program within the last 2 years?

- No  
 Yes

b. Completed an Advanced Trauma Course?

- No  
 Yes

c. Completed a Pediatric Advanced Life Support, Advanced Pediatric Life Support Course, or equivalent program?

- No  
 Yes

c. If you are not board-certified in Emergency Medicine, are you currently certified by the American College of Surgeons in Advanced Trauma Life Support?

- No  
 Yes

If yes, provider or instructor?

Provide expiration date.

d. If you have not completed a residency in Emergency Medicine, have you completed a residency in: Internal Medicine, Surgery, Family Medicine, Pediatrics, or Anesthesiology?

- No  
 Yes

Residency Program.

Provide completion date.

Provide expiration date.

9. Do you have experience in pre-hospital and emergency department care of acutely-ill or injured patients?

- No  
 Yes

10. Are you a full-time emergency physician?

- No  
 Yes

Number of years involved in the practice of emergency medicine

Full-time Start Date

a. **If you are not a full-time Emergency Medicine Physician**  
Part-time Start Date

Average # of Hours/Week

Average # of Hours/Year

11. Do you have experience in base station radio direction of pre-hospital emergency units?

- No
- Yes

12. Do you have experience in the training of basic and advanced pre-hospital emergency medical personnel?

- No
- Yes

13. Do you have experience in the medical audit, review, and critique of BLS and ALS pre-hospital personnel?

- No
- Yes

14. Do you possess a valid Drug Enforcement Agency Number?

- No
- Yes

If yes, provide number:

If no, provide explanation:

Please attach copies of

1. Pennsylvania Physician's License
2. Current Curriculum Vitae
3. Board Certification in Emergency Medicine

Current ACLS and current ATLS certification in surgery, internal medicine, family medicine, pediatrics, or anesthesiology.

18 Pa. C.S §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. Makes 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.

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Applying Physician's Signature:

\_\_\_\_\_  
Regional Medical Director Signature

\_\_\_\_\_  
Regional EMS Council Executive Director Signature

Regional Medical Director Name:

**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 Director)
2. Medical Command Facility
3. Pennsylvania Department of Health, Division of Emergency Medical Services