

Oklahoma State Department of Health
Emergency Medical Services Division
1000 N.E. 10th Street, Room 1104
Oklahoma City, OK 73117-1299



APPLICATION FOR INDIVIDUAL PROTOCOLS

This application is for: Basic [] Intermediate [] Paramedic [] Individual Protocols (mark one only)

ADMINISTRATIVE INFORMATION:

Name of Emergency Medical Technician

Oklahoma License #

Name of EMS Provider or FRA Affiliation

Providers Oklahoma License # or First Response Agency #

MEDICAL CONTROL INFORMATION:

Name of Physician Medical Director

MD [] DO []

Mailing Address

City

Zip Code

Oklahoma License #

OBNDD #

Telephone Number

STATEMENTS OF UNDERSTANDING:

As the above named Emergency Medical Technician, I verify I have read and understand the conditions listed on the reverse or attached to this application. I understand that any violation in the conditions of approval or false statements can render this individual protocol privilege invalid and/or result in revocation of my personnel Emergency Medical Technician license.

SIGNATURE OF EMERGENCY MEDICAL TECHNICIAN

DATE OF SIGNATURE

As the designated administrator of the ambulance service or first response agency, I verify that the above named Emergency Medical Technician is a member of this organization and I am in support of allowing this Emergency Medical Technician to practice under individual protocols. I hereby agree to provide administrative support, as needed, to assist the Emergency Medical Technician in complying with the conditions of approval.

SIGNATURE OF ADMINISTRATOR

DATE OF SIGNATURE

As a licensed physician in the State of Oklahoma, I hereby agree to act as medical control for the Emergency Medical Technician named above. I understand that approval will enable this Emergency Medical Technician to perform advanced medical procedure, under my medical supervision, via individual protocols. I have also reviewed the written protocols and agree with their content.

SIGNATURE OF PHYSICIAN

DATE OF SIGNATURE

APPROVED PROTOCOL STATEMENT:

It is hereby requested that the named Emergency Medical Technician be added to our protocols approved, or submitted, on

Date

DO NOT WRITE BELOW THIS LINE

Approved [] Denied [] By: _____

Date: _____

Comments: _____

Condition of Approval: The individual emergency medical technician, medical director, ambulance service administration, and first response agency administration is responsible for adherence to the conditions of approval, as follows:

1. No changes shall be made in the Oklahoma State Department of Health Emergency Medical Service Division (OSDH-EMS) approved protocols, without prior OSDH-EMS written approval;
2. If a call terminates at the hospital, the advanced level emergency medical technician shall leave a copy of the patient run report form at the receiving facility. First Response Agencies shall give a written or verbal report to the transporting service personnel;
3. The IP approved emergency medical technician shall participate in a monthly audit with their approved medical director. This audit shall include a review of all calls for the preceding month. A report signed by the medical director containing the results of this audit shall be maintained at the service or agency, on a monthly basis;
4. In any deviation from approved protocols, a full and complete written report shall be filed with OSDH-EMS. This report will be signed by the medical director and will list all findings, applicable circumstances and any action taken;
5. Changes in medical control shall require prior OSDH-EMS approval;
6. Deletions and additions of emergency medical technicians must be forwarded to OSDH-EMS. Utilization of personnel without approval from OSDH-EMS is prohibited, and;
7. Each individual emergency medical technician approved under Individual Protocol shall be responsible for maintaining current EMT licensure applicable to their respective level of protocol.

Failure to adhere to the above conditions will render an individual approval to practice under individual protocols invalid and/or may result in revocation, suspension, fines or other administrative action available to the State Department of Health.