



**ADMINISTRATIVE INFORMATION: (PRINT except where asked for Signatures)**

\_\_\_\_\_  
Name of Emergency Medical Service Personnel Oklahoma EMS License #

\_\_\_\_\_  
Name of EMS Provider or EMRA Affiliation Providers Oklahoma License #  
or Emergency Response Agency #

**RETURN APPLICATION TO:**  
Attention: \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Fax # \_\_\_\_\_

This application is for:  Basic  Intermediate(I/85)  Paramedic  
Individual Protocols (mark one only)

**STATEMENTS OF UNDERSTANDING:**

As the above named Emergency Medical Service personnel, 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 personal Emergency Medical Service personnel license.

\_\_\_\_\_  
SIGNATURE OF EMERGENCY MEDICAL SERVICE PERSONNEL DATE OF SIGNATURE

As the designated administrator of the ambulance service or emergency medical response agency, I verify that the above named Emergency Medical Service personnel is a member of this organization and I am in support of allowing this Emergency Medical Service personnel to practice under individual protocols. I hereby agree to provide administrative support, as needed, to assist the Emergency Medical Service personnel 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 Service personnel named above. I understand that approval will enable this Emergency Medical Service personnel to perform advanced medical procedure, under my medical supervision, via individual protocols. I have also reviewed the written protocols and agree with their content.

\_\_\_\_\_  
Printed Name of Physician Medical Director  MD  DO Medical Director's email

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN DATE OF SIGNATURE

----- DO NOT WRITE or STAMP BELOW THIS LINE -----

Approved  Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

***Condition of Approval:*** The individual emergency medical service personnel, medical director, ambulance service administration, and emergency medical 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. The IP approved emergency medical service personnel 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;
3. Any deviation from approved IP protocols will require a full and complete written report to be filed with OSDH-EMS within ten days. This report will be signed by the medical director and will list all findings, applicable circumstances and any action taken;
4. In case of a change of Medical Director, updated Individual Protocol Applications must be submitted;
5. Deletions and additions of IP's must be forwarded to OSDH-EMS.
6. Utilization of personnel without approval from OSDH-EMS is prohibited;

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.