Serving Clinton, Eaton, and Ingham County

EMS Provider Authorization Request ("Authorization" means the below named individual has met the standards required to function within the

TCEMCA region, under the medical oversight of TCEMCA)

Name:		For Agency Use
(PLEASE Type or Legibly Print) EMS Agency / Company		☐ New TCEMCA Provider
LINIS Agency / Company		☐ Renewal
License Level: MPR MDHHS Lic. #		☐ New to Agency but in TCEMCA already
EMT-B EMT-S	_	Remove provider from Agency
☐ Paramedic MDHHS Lic. Expiration		
BCLS Expiration Date:(All) ACLS Expiration Date:(Paramedic Only)	Received: _	ICA Use
TCEMCA Written Protocol Test Date:	(All)	
TCEMCA Skills Evaluation Date:	(All)	
	Initials:	
	Card Comp	leted: Yes
Certifications: I have read and understand the current TCEMCA out of Hospital patient treatment protocols and agree to provide patient care only under those protocols and TCEMCA direct (on-line) medical control. Please check the box below to indicate if your MCA Authorization or medical license is or ever has been suspended/revoked from any MCA, the State of Michigan, or by any other state. If yes, your authorization is not automatic, and you are unable to practice until the circumstances have been reviewed and authorization approved by the TCEMCA Medical Director. Yes.		
MCA/State:		
Dates:	EMS Provider Signature	Date
I have administered the TCEMCA Written Protocol Review and Practical Skills test to the above applicant and certify that, to the best of my knowledge and belief, the applicant meets the standards established by TCEMCA for those persons wishing to provide EMS care in the TCEMCA region.		
Instructor / Coordinator IC #	Date	
Note: This authorization is not intended to be used as a pre-employment screening tool, or as an ongoing assessment of an individual. Each EMS agency is responsible to assess and monitor the abilities, knowledge, and skills of its employees.		