



Tri-County Emergency Medical Control Authority

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: _____
(PLEASE --- Type or Legibly Print)

EMS Agency / Company _____

License Level:

- MFR
- EMT-B
- EMT-S
- Paramedic

MDHHS Lic. # _____

MDHHS Lic. Expiration _____

For Agency Use

- New TCEMCA Provider
- Renewal
- New to Agency but in TCEMCA already
- Remove provider from Agency

BCLS Expiration Date: _____ (All)

ACLS Expiration Date: _____ (Paramedic Only)

TCEMCA Written Protocol Test Date: _____ (All)

TCEMCA Skills Evaluation Date: _____ (All)

TCEMCA Use

Received: _____

Issued: _____

Agency #: _____

Initials: _____

Card Completed: 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: _____

No.

EMS Provider Signature

Date

As an agency we have administered the TCEMCA Written Protocol Review and Practical Skills test to the above applicant and certify that, to the best of our knowledge and belief, the applicant meets the standards established by TCEMCA for those persons wishing to provide EMS care in the TCEMCA region.

IC/Chief-Director/Designated person

License #

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.



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EMS PRACTICAL SKILLS EVALUATION

Provider _____ Agency _____ Date _____

Licensure level _____ Provider Initials _____

MFR, EMT, EMT-S, Paramedic

- Glucometer Usage (if agency equipped) _____
- Basic Airway Opening Techniques _____
- Narcan Administration (if agency equipped) _____
- Epinephrine Administration (if agency equipped) _____
- Spinal Precautions _____
- Advanced Supraglottic Airway Management (if agency equipped) _____
- Capnography (all levels, MFR if using I-Gel Airways) _____
- Airway Suctioning _____
- Assessment of Lung Sounds _____
- Report Writing _____
- Mi-Medic Card understanding/usage _____

EMT, EMT-S, Paramedic

- CPAP (if agency equipped) _____

EMT-S, Paramedic

- IV insertion _____
- Endotracheal intubation _____
- Verifying Proper ET Tube placement _____

Paramedic

- Cricothyrotomy, needle or surgical _____
- Intra-Osseous Insertion _____
- EKG Interpretation _____
- Drug Box Inventory/Exchange Process _____

My signature below certifies that the above-named provider has met the EMS practical skills standards, as defined by TCEMCA in "Guidelines for IC's", in the performance of the above listed EMS skills.

I/C Signature _____ Date _____ IC License # _____

Developed	7/23/2024	Updated		Implemented		Approval	BP	Form ID	F-004
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