

MONTANA BOARD OF MEDICAL EXAMINERS

PO Box 200513

301 South Park Avenue 4th Floor

Helena, Montana 59620-0513

PHONE: 406-841-2300

FAX: 406-841-2305

E-MAIL: dlibsmed@mt.gov

WEBSITE: www.emt.mt.gov

Petition for revision to state approved protocols or educational curriculum for Emergency Care Providers (ECP)

DOCUMENTS: (The following documentation must be submitted for review of your request for exception)

1. A completed application (including signature).
2. A complete description of the exception requested.
3. Identify service (s) in which this exception will apply.
4. Rational, documentation and/or studies supporting your requested exception.
5. Explain the educational plan for your requested exception to be implemented.
6. Explain the CQI being developed and implemented to evaluate and monitor your requested exception.
7. Explain the impact of your requested exception on your local EMS system and what positive outcome you are expecting. Include the negative impacts and how they will be addressed.
8. Explain the long term expectations of your requested exception and its impact on the local and state wide EMS system (both educationally and practice).
9. Include a copy of your proposed protocol.
10. Describe the duration of your requested for the exception.

PROCESSING PROCEDURES:

1. The application must be completed by Local EMS Medical Director and submitted to Board of Medical Examiners.
2. The application must be complete before consideration. The medical director will be notified in writing of any items missing from the application.
3. At the next reasonable (full board) meeting of the Board of Medical Examiners, the application will be placed on the agenda for consideration. (typically January or July meeting)
4. The Board may request the submitting EMS Medical Director to present the application in person.
5. The Board may defer the application to the EMS Medical Director Sub-Committee for review and recommendations.
6. If the application is deferred to the EMS Medical Director Sub-Committee, the applicant may be asked to attend the sub-committee meeting to answer questions and/or present additional information.
7. The Board or Sub-committee may request additional information from the medical director requesting the exception.
8. At a following (full Board) meeting, the Board will schedule and accept public comments. At this meeting of the Board of Examiners, the Board will take action on the application. Action can include: acceptance, rejection, modification and/or approval with conditions/requirements

Petition_app

Revised 1/14

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Any questions with regard to the processing of this application and other concerns please contact the Board of Medical Examiners staff at (406) 841-2300 or e-mail us at dlibsmed@mt.gov

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Petition for revision to state approved protocols or educational curriculum for Emergency Care Providers (ECP); at what level?

- EMR
- EMT
- AEMT
- Paramedic

PLEASE TYPE OR PRINT IN INK.

(Please allow 10 working days for processing from the date that the Board has a complete routine application)

1. MEDICAL DIRECTOR (full name): _____
Last First Middle

2. MONTANA LICENSE #: _____

2. HOME ADDRESS: _____
Street or PO Box # City and State Zip

PREFERRED MAILING ADDRESS: Business Home

E-MAIL ADDRESS: _____

4. TELEPHONE: () _____ () _____ () _____
Business Home Fax

5. I have attached all of the required materials for review

DECLARATION

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing

Signature of Applicant

Date