

Medical Direction Training: Transmittal Form

PURPOSE: *This form is to be used to transmit your medical direction training certificate or request for the Board to review your previous training/education to document compliance with 24.156.2732 Medical Direction.*

Please Print:

Name (first, last): _____

Address: _____

City/State/Zip: _____ / _____ / _____

Email address: _____ *please add me to the Medical Director List-Serve to receive updated information as it becomes available*

License Number: _____

Name of EMS service in which you'll be providing **medical direction** for: *(list all that apply):*

I have **attached my certificate** from the web based EMT Medical Director Training Program

I would like **to request** that the Board review my previous training/education concerning EMT Medical Director Training. I have attached documentation for their review.

Signature: _____ Date: _____

Thank you, if you have any questions concerning this "transmittal letter" or medical direction requirements of the Board; feel free to contact Dr. Sibold at hsibold@mt.gov