

MONTANA BOARD OF MEDICAL EXAMINERS

PO Box 200513

301 South Park Avenue 4th Floor

Helena, Montana 59620-0513

PHONE: 406-841-6880

WEBSITE: www.emt.mt.gov

E-MAIL: dlibsmed@mt.gov

Petition for Service exception to *Montana ECP Scope Of Practice Document*

DOCUMENTS: The following documentation must be submitted for review.

1. A completed application (including medical director signature).
2. A complete description of the exception requested.
3. Identify service(s) to which this exception would apply.
4. Rationale, documentation, and/or studies supporting your requested exception.
5. Explain the educational plan for your requested exception to be implemented.
6. Explain the CQI 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. Address any negative impacts.
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 the Department of Labor & Industry.
2. The application must be complete before consideration. The medical director will be notified in writing of any items missing from the application.
3. The EMS Medical Director may be required to present the application.
4. Additional information may be requested from the medical director who has submitted the application.

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**Petition for revision or exception to Montana ECP Scope of Practice
Document as authorized by ARM 24.156.2761.**

Which levels does the request impact?

☐ EMR ☐ EMT ☐ AEMT ☐ Paramedic

1. MEDICAL DIRECTOR NAME: _____
Last First Middle

2. MONTANA LICENSE #: _____

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

E-MAIL ADDRESS: _____

4. TELEPHONE: _____
Business Home

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