MONTANA BOARD OF MEDICAL EXAMINERS
PO Box 200513
301 South Park Avenue 4th Floor
Helena, Montana 59620-0513
PHONE: 406-841-6880 WEBSITE:
E-MAIL: dlibsdmed@mt.gov www.emt.mt.gov

Petition for exception or revision to state-approved *Practice Guidelines* or educational curriculum for Emergency Care Providers (ECP)

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. 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 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 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 (full board) meeting of the Board of Medical Examiners, the application will be placed on the agenda for consideration.
4. The Board may request the submitting EMS Medical Director to present the application in person.
5. The Board may request additional information from the medical director requesting the exception.

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Petition for revision or exception to *Practice Guidelines* for Emergency Care Providers (ECPs) 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 #:_____

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

PREFERRED MAILING ADDRESS: ☐ Business ☐ Home

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