

Mountain Lakes Regional EMS Council

Medical Director Online Authorization Form for ALS Providers

(must be completed by Primary Agency Medical Director)

_____ is hereby authorized
(print provider name)

1) to function as an ALS Provider at the _____ level,
(AEMT, Critical Care or Paramedic)
within the Mountain Lakes Region.

2) to provide advanced life support utilizing necessary equipment and supplies to current protocols and standing orders as provided by the Mountain Lakes REMAC. Critical and/ or ALS care will be provided under the direction of the local Medical Director, contingent upon:

- Maintaining on-line Status
- Participating in CME and QA/QI per requirements
- Maintaining all licensure requirements and certifications
- Meeting the medical standards set forth by the REMAC, Collaborative Protocols and NYS

3) to receive ALS privileges under my license, recognizing that the license extension is a courtesy, not a right, and if infringed upon, I may withdraw privileges.

(Medical Director Name)

(Medical Director Signature)

_____/_____/_____
(Date)

