

Nebraska Department of Health and Human Services
Division of Public Health
Licensure Unit – Attn: Tami
301 Centennial Mall South
P.O. Box 94986
Lincoln, Nebraska 68509-4986

RE: Change of Physician Medical Director

In accordance with the State of Nebraska Rules and Regulations relating to Emergency Medical Services, Title 172 NAC 12-006, please accept this letter as official notification of the change of Physician Medical Director (PMD) for

_____. The termination date of our current Physician Medical Director
(Service Name/Training Agency)

_____ is _____ will assume the
(Name of Outgoing PMD) (Date) (Name of New PMD)
duties of the Physician Medical Director effective _____.
(Date)

Service Officer's Signature Date

I, _____, acknowledge my authorities and responsibilities as Physician Medical
(Name of New PMD)

Director (PMD) as stated in the Nebraska Emergency Medical Services (EMS) Practice Act and the Nebraska Rules and Regulations Title 172 NAC 11, 12, and 13. I have reviewed and signed the Emergency Medical Service's protocols and agree with them or have revised them and enclosed a copy of my revisions. Further, I state that I ensure _____ will operate in accordance with the current statutes and regulations.
(Service Name/Training Agency)

Physician Medical Director's Signature Date

Print Physician Medical Director's Name License Number

PMD's Full Address (Required for notification of any significant events affecting the service)

PMD's E-Mail Address PMD's Phone Number



**Nebraska Board of
Emergency Medical Services**

**Physician Medical Director
Authorization**

Physician Medical Director Authorization Service Acknowledgment

Service Name

License Number

This service acknowledges the authorities of the Physician Medical Director (PMD) as stated in Nebraska Emergency Medical Services (EMS) Practice Act and the Nebraska Rules and Regulations Title 172 Chapters 11 and 12.

Physician Medical Director Adoption

- I acknowledge my authorities and responsibilities as Physician Medical Director (PMD) as stated in Nebraska Emergency Medical Services (EMS) Practice Act and the Nebraska Rules and Regulations Title 172 Chapters 11 and 12.
- I adopt the following documents as required by the Nebraska EMS Practice Act and the Nebraska Rules and Regulations Title 172 Chapters 11 and 12.
 - a. Infection Control Plan
 - b. Quality Assurance Plan
 - c. Equipment List
 - d. Back-up Response Plan
- Additional Authorization is required for additional skills and medications for the Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT).
- I adopt the complete set of the Nebraska EMS Model Protocols as posted on the website on the date of my signature as the official protocols for the service named above; **OR**
- I adopt the Nebraska EMS Model Protocols as posted on the Emergency Medical Services website on the date of my signature with modifications. I have reviewed the modified protocols and a signed copy of each modified protocol is included with this application. I am aware that I am responsible for any adverse action that may arise due to these changes; **OR**
- I do not adopt the Nebraska EMS Model Protocols. I have provided a signed copy of the protocols that the above named service will follow along with documentation outlining how they differ from the Nebraska EMS Model Protocols.

Signature of PMD

Printed Name of PMD

Date

AUTHORIZATION FOR ADDITIONAL SKILLS AND MEDICATIONS

Emergency Medical Responders (EMR)

I authorize the following added skills and medications for Emergency Medical Responders (EMR) that have the appropriate approved training and listed on the attached ***Additional Skills Roster – EMR***.

(Check All That Apply)

| ✓ | PMD Approved Skills – Medications For The EMR |
|----------|--|
| | Application Of Devices To Immobilize The Spine |
| | Application Of Devices To Immobilize Extremities |
| | Administer By Protocol Aspirin |
| | Administer By Protocol Epinephrine 1:1000 By Auto Injector |

Emergency Medical Technicians (EMT)

I authorize the following added skills and medications for Emergency Medical Technicians that have the appropriate approved training and listed on the attached ***Additional Skills Roster – EMT***

(Check All That Apply)

| ✓ | PMD Approved Skills – Medications For the EMT |
|----------|---|
| | Glucometer |
| | Dual Lumen Airway – Combitube |
| | Supraglottic Airway – King Airway |
| | Impedance threshold device |
| | Monitor ONLY an established IV of Normal Saline, Lactated Ringer, D5W |
| | Establish Peripheral IV Access And Monitor IV Fluids Of Normal Saline, Lactated Ringer, D5W |
| | Administer by protocol Epinephrine 1:1000 by auto injector |
| | Administer by protocol Albuterol by nebulizer |

I Authorize The Above Checked Additional Skills – Medications As Indicated For The Individuals As Listed On The Additional Skills Roster.

Service Name: _____

Signature Physician Medical Director: _____

Printed Name of Physician Medical Director: _____

Date: _____

