



**Nebraska Board of  
Emergency Medical Services**

**Physician Medical Director  
Authorization**

## Physician Medical Director Authorization Service Acknowledgment

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**Service Name**

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**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.

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Signature of PMD

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Printed Name of PMD

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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)**

<input checked="" type="checkbox"/>	<b>PMD Approved Skills – Medications For The EMR</b>
<input type="checkbox"/>	Application Of Devices To Immobilize The Spine
<input type="checkbox"/>	Application Of Devices To Immobilize Extremities
<input type="checkbox"/>	Administer By Protocol Aspirin
<input type="checkbox"/>	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)**

<input checked="" type="checkbox"/>	<b>PMD Approved Skills – Medications For the EMT</b>
<input type="checkbox"/>	Glucometer
<input type="checkbox"/>	Dual Lumen Airway – Combitube
<input type="checkbox"/>	Supraglottic Airway – King Airway
<input type="checkbox"/>	Impedance threshold device
<input type="checkbox"/>	Monitor ONLY an established IV of Normal Saline, Lactated Ringer, D5W
<input type="checkbox"/>	Establish Peripheral IV Access And Monitor IV Fluids Of Normal Saline, Lactated Ringer, D5W
<input type="checkbox"/>	Administer by protocol Epinephrine 1:1000 by auto injector
<input type="checkbox"/>	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: \_\_\_\_\_



