



EMS Medical Director Application

Bureau of Emergency Medical Services and Preparedness
Phone 801-273-6672

PLEASE PRINT ALL ENTRIES

ALL FIELDS ARE REQUIRED TO BE COMPLETELY FILLED OUT

Personal Information

Name - Full Legal Name		
Mailing Address:		
City:	State:	ZIP Code:
Email Address:		
Business Phone:	Cell Phone:	
Date of Birth:	Sex: M [] F []	

Medical Information

Utah Medical License Number:	Expiration Date

Providing offline medical direction for the following EMS Agencies:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

APPLICANT AFFIRMATION: I certify that all information on this form is true and complete and that I am a physician actively engaged in the provision of emergency medical care. I am familiar with the Utah EMS Systems Act, Title 26, Chapter 8a, <http://le.utah.gov/xcode/Title26/Chapter8A/26-8a.html> and the Utah Administrative Rules <https://rules.utah.gov/publicat/code/r426/r426.htm>. I am familiar with the medical equipment and medication required under the EMS Drug and Equipment list that is located online at <https://bemsp.utah.gov/regulations/ems-agency-licensure-and-designation/>.

Applicant's Signature:
Date:

*Please scan and submit application & a passport size picture to Tami Goodin at tgoodin@utah.gov.