

## EMS Off-line Medical Director - Waiver Request

### Mailing Address

P. O. Box 2029  
Austin, TX 78768-2029

Phone (512) 305-7030  
Fax (888) 790-0621

### Physical Address

1801 Congress Ave  
Suite 9-200  
Austin, TX 78701

An EMS Medical Director is defined in Board rule 197 as “A physician licensed by the board who is responsible for all aspects of the operation of an EMS system concerning provision of medical care. This physician may also be referred to as the off-line medical director.”

In addition, Texas Medical Board rule states that an EMS off-line medical director shall be:

1. a physician licensed to practice in Texas and who is registered as an EMS medical director with the Texas Department of State Health Services;
2. familiar with the design and operation of EMS systems;
3. experienced in pre-hospital emergency care and emergency management of ill and injured patients;
4. actively involved in:
  - a. the training and/or continuing education of EMS personnel, under his or her direct supervision, at their respective levels of certification;
  - b. the medical audit, review, and critique of the performance of EMS personnel under his or her direct supervision;
  - c. the administrative and legislative environments affecting regional and/or state pre-hospital EMS organizations;
5. knowledgeable about local multi-casualty plans;
6. familiar with dispatch and communications operations of pre-hospital emergency units; and
7. knowledgeable about laws and regulations affecting local, regional, and state EMS operations.

Please see Board rule 197, available on our website at: <https://www.tmb.state.tx.us/page/board-rules> for a complete list of EMS off-line medical director requirements.

For additional information, including the specific continuing education requirements for an EMS off-line medical director, please visit our website at: <https://www.tmb.state.tx.us/page/renewal-physician-EMS>

**At this time a physician may not hold the position of off-line medical director for more than 20 EMS providers unless the physician obtains a waiver.**

Please fill out the attached form for each EMS provider you are requesting a waiver for. If you have not previously registered the EMS providers that you are the current off-line medical director for, please complete the “EMS – Off-line Medical Director Registration” form available online at: <https://www.tmb.state.tx.us/page/renewal-physician-EMS>

### ***EMS – Offline Medical Director Waiver request Checklist:***

- EMS – OMD Waiver Request form (completed and signed)
- Protocols, Standing orders, etc for demonstration of adequate supervision of all EMS personnel
- Statement of how waiver is in the best interest of the public

Please note that you must also notify the Department of State Health Services of your status as the off-line medical director of an EMS provider. The forms for updating that information with the DSHS are available at:

<http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>

## EMS Off-line Medical Director - Waiver Request

### PHYSICIAN INFORMATION (PLEASE TYPE OR PRINT)

<hr/> <b>Last Name</b>	<hr/> <b>First Name</b>	<hr/> <b>Suffix</b>
<hr/> <b>Phone Number</b>	<hr/> <b>Email Address</b>	<hr/> <b>Fax Number</b>
		<hr/> <b>TX License Number</b>

### EMS PROVIDER INFORMATION (PLEASE TYPE OR PRINT) – LOCATION SEEKING WAIVER USE A SEPARATE COPY OF THIS PAGE FOR EACH ADDITIONAL LOCATION OVER YOUR CURRENT 20.

<hr/> <b>EMS Provider Name</b>	<hr/> <b>EMS Provider License Number</b>		
<hr/> <b>EMS Provider Address (PO Box not allowed)</b>	<hr/> <b>EMS Provider Director/Manager</b>		
<hr/> <b>County</b>	<hr/> <b>City</b>	<hr/> <b>State</b>	<hr/> <b>Zip Code</b>
<hr/> <b>Phone Number</b>	<hr/> <b>Email Address</b>	<hr/> <b>Fax Number</b>	

Highest level of care to be offered by this EMS Provider:     BLS                       ALS                       MICU

Total number of EMS Personnel to be supervised at this EMS Provider: \_\_\_\_\_

### ADDITIONAL DOCUMENTATION (PLEASE TYPE OR PRINT)

Attached please find the following (check all that apply), that I would like to be considered as part of this waiver request, to help demonstrate the safeguards that exist to provide for adequate supervision of all EMS personnel under my supervision.

- Protocols
- Standing Orders
- Other (explain) \_\_\_\_\_

### SUMMARY OF WAIVER REQUEST

Please attach a statement explaining how this waiver is in the best interest of the public (underserved area, etc).

I certify that the information that I have provided on this form is correct. I have read and am familiar with the Medical Practice Act and the Texas Medical Board rules regarding Emergency Medical Service at Title 22 of the Texas Administrative Code (TAC), Chapter 197, with the Department of State Health Services EMS statute at Chapter 773 of the Texas Health and Safety Code, and with EMS rules at Title 25 TAC, Part 1, Chapter 157. I understand that I am responsible for all aspects of the operation of the above named legal entity concerning its provision of medical care. I certify that I am the person named in this document, and all statements I have made are true.

<hr/> <b>Physician Signature</b>	<hr/> <b>Date</b>
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## EMS Off-line Medical Director - Waiver Request

### CURRENT EMS PROVIDER INFORMATION (PLEASE TYPE OR PRINT)

	Last Name	First Name	Suffix
#7	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>		
	EMS Provider Name	EMS Provider County	EMS License number
	Highest level of care to be offered by this EMS Provider : <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU		
	Total number of EMS Personnel to be supervised at this EMS Provider: _____		
#8	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>		
	EMS Provider Name	EMS Provider County	EMS License number
	Highest level of care to be offered by this EMS Provider : <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU		
	Total number of EMS Personnel to be supervised at this EMS Provider: _____		
#9	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>		
	EMS Provider Name	EMS Provider County	EMS License number
	Highest level of care to be offered by this EMS Provider : <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU		
	Total number of EMS Personnel to be supervised at this EMS Provider: _____		
#10	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>		
	EMS Provider Name	EMS Provider County	EMS License number
	Highest level of care to be offered by this EMS Provider : <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU		
	Total number of EMS Personnel to be supervised at this EMS Provider: _____		
#11	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>		
	EMS Provider Name	EMS Provider County	EMS License number
	Highest level of care to be offered by this EMS Provider : <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU		
	Total number of EMS Personnel to be supervised at this EMS Provider: _____		
#12	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>		
	EMS Provider Name	EMS Provider County	EMS License number
	Highest level of care to be offered by this EMS Provider : <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU		
	Total number of EMS Personnel to be supervised at this EMS Provider: _____		
#13	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>		
	EMS Provider Name	EMS Provider County	EMS License number
	Highest level of care to be offered by this EMS Provider : <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU		
	Total number of EMS Personnel to be supervised at this EMS Provider: _____		

## EMS Off-line Medical Director - Waiver Request

### CURRENT EMS PROVIDER INFORMATION (PLEASE TYPE OR PRINT)

	Last Name	First Name	Suffix
<b>#14</b>	<hr/>		
	EMS Provider Name	EMS Provider County	EMS License number
	Highest level of care to be offered by this EMS Provider : <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU		
	Total number of EMS Personnel to be supervised at this EMS Provider: _____		
<b>#15</b>	<hr/>		
	EMS Provider Name	EMS Provider County	EMS License number
	Highest level of care to be offered by this EMS Provider : <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU		
	Total number of EMS Personnel to be supervised at this EMS Provider: _____		
<b>#16</b>	<hr/>		
	EMS Provider Name	EMS Provider County	EMS License number
	Highest level of care to be offered by this EMS Provider : <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU		
	Total number of EMS Personnel to be supervised at this EMS Provider: _____		
<b>#17</b>	<hr/>		
	EMS Provider Name	EMS Provider County	EMS License number
	Highest level of care to be offered by this EMS Provider : <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU		
	Total number of EMS Personnel to be supervised at this EMS Provider: _____		
<b>#18</b>	<hr/>		
	EMS Provider Name	EMS Provider County	EMS License number
	Highest level of care to be offered by this EMS Provider : <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU		
	Total number of EMS Personnel to be supervised at this EMS Provider: _____		
<b>#19</b>	<hr/>		
	EMS Provider Name	EMS Provider County	EMS License number
	Highest level of care to be offered by this EMS Provider : <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU		
	Total number of EMS Personnel to be supervised at this EMS Provider: _____		
<b>#20</b>	<hr/>		
	EMS Provider Name	EMS Provider County	EMS License number
	Highest level of care to be offered by this EMS Provider : <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU		
	Total number of EMS Personnel to be supervised at this EMS Provider: _____		