

Mailing Address: PO Box 2029, Austin, Texas 78768-2029 Phone: (512) 305-7030

## **EMS Off-line Medical Director Registration**

An EMS Medical Director is defined in <u>Title 25, Texas Administrative Code, Chapter 157</u> as "the licensed physician who provides medical supervision to the EMS personnel of a licensed EMS provider or a recognized first responder organization (FRO) under the terms of the Medical Practice Act and rules promulgated by the Texas Medical Board. This physician may also be referred to as the off-line medical director."

If you are an EMS off-line Medical Director as defined above, please complete and submit page 2 of the EMS Off-line Medical Director Registration form.

TMB board rule states that an EMS off-line medical director or chief medical officer must meet all applicable standards as set forth in <u>Title 25, Texas Administrative Code, Chapter 157</u> (related to Emergency Medical Care) for the emergency medical service (EMS) services being provided, training, education, and other delineated responsibilities. In addition, TMB rule 169.13 also states that an EMS Medical Director or Chief Medical Officer must:

- •register with the board on an approved form and provide all required documentation requested;
- •review, approve, and sign protocols, standing delegation orders, or guidelines for emergency medical service (EMS) providers regarding:
  - oprehospital care, to be provided by EMS personnel;
  - opatient transport standards (voluntary and involuntary);
  - ocriteria for selection of a patient's destination; and
  - standard of care to be provided, patient care incidents, patient complaints, and deviations from established protocols, standing orders, and/or guidelines.
- •developing, implementing, and revising protocols standing delegation orders and/or guidelines, as appropriate; and •monitor compliance with protocols standing orders and/or guidelines by EMS providers.

Please see Board rule 169, available on our website at: <u>https://www.tmb.state.tx.us/page/board-rules</u> for a complete list of EMS off-line medical director requirements.

An EMS medical director or chief medical officer must complete one of the following requirements:

- •a minimum of 12 hours of formal continuing medical education (CME), in the area of EMS medical direction within two years of initial notification to the Board of becoming a medical director or chief medical officer;
- •board certification in Emergency Medical Services by either the American Board of Medical Specialties or American Osteopathic Association; or
- •a Texas Department of State Health Services (DSHS) approved EMS medical director course.

An EMS medical director or chief medical officer must also complete one hour of formal CME in the area of EMS medical direction in each subsequent biennial renewal of the registration.

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

Please note that 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.** If you register as the EMS off-line medical director of more than 20 EMS providers, a follow up letter regarding the current status of your EMS medical director waiver will be sent to you at your current correspondence mailing address following the completion of your registration.



Mailing Address: PO Box 2029, Austin, Texas 78768-2029

Phone: (512) 305~7030

Physician Name \_\_\_\_\_

License Number

Please list the EMS provider information requested below for each EMS service for which you are the Off-Line Medical Director.

	EMS Provider Name	EMS Provider County	EMS License Number	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Ι, \_

Print Name

\_\_\_\_, hereby certify that the information I have provided on this form is correct.

Physician's Signature (NO rubber-stamped or photocopied signatures accepted.)