

## Bureau of Emergency Medical and Trauma Services

### Iowa Physician (MD/DO) Exception Application Form

In accordance with Iowa Code Chapter 147A.13A, an Iowa physician (MD/DO) licensed pursuant to Iowa Administrative Code 653 can serve as a rostered staff member of an authorized Iowa Emergency Medical Service (EMS) program if the physician can document education and skills training essential in the delivery of out-of-hospital emergency care. The applicant shall submit documentation of appropriate EMS education and training to either the EMS Program's Medical Director for review, or the Iowa Bureau of Emergency Medical and Trauma Services (Bureau) Medical Director for review (see below for further direction).

**If the physician applicant is NOT the EMS service program's Physician Medical Director and is making application to become a rostered member of the EMS service program -**

The EMS service program's Physician Medical Director will review the submitted documentation and, if applicable, approve the level of EMS care the physician may provide, or identify additional training or education that is needed prior to approval. Once approved by the EMS service program's Physician Medical Director, the completed application must be submitted to the Bureau for approval prior to functioning as an authorized staff member. After review and documented approval of the application by the Bureau, the EMS service program should roster the physician as an active member of their service in AMANDA, retain a copy of the approved application for their records, and upload a copy of the approved application into AMANDA.

**If the physician applicant IS the EMS service program's Physician Medical Director and is making application to become a rostered member of the EMS service program –**

If the EMS service program's Physician Medical Director is desiring to become a rostered member of the EMS service program in order to provide patient care as a prehospital clinician they will complete and sign the application as the physician applicant and submit the completed application, including all documentation relating to the applicants education in the delivery of out-of-hospital emergency care, to the Bureau's Physician Medical Director for review. The Bureau's Physician Medical Director will review the application and either approve the application or identify additional training or education that is needed prior to approval. After review and documented approval of the application by the Bureau, the EMS service program should roster the physician as an active member of their service in AMANDA, retain a copy of the approved application for their records, and upload a copy of the approved application into AMANDA.



**Applicant Information** (Please Print Clearly or Type Requested Information):

First Name:	Last Name:	MI:
Street/Mailing Address:		
City:	State:	County: Zip Code:
Email address:		Phone number:
Iowa MD/DO License Number:		Expiration Date:
Iowa Service Programs Name:		Service Location:
EMS Service Programs Level of Authorization: <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Paramedic/CCT		
EMS Clinician level the Physician applicant may function at: <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Paramedic/CCT		

NOTE: The physician exception may only function to the level of EMS clinician approved by the service program’s Physician Medical Director, the level of EMS clinician approved by the Bureau’s Physician Medical Director, or to the level of the service program’s authorization, whichever is the lesser of the options. The physician exception must adhere to the continuing education requirements as defined within the service program CQI policy, must maintain an active license as an Iowa Physician (MD/DO) to continue to be recognized as a physician exception with the service program, and must adhere to the Scope of Practice for the level of approved EMS clinician. Information regarding the Iowa EMS Scope of Practice can be found at <https://hhs.iowa.gov/public-health/emergency-medical-services-trauma/emergency-medical-services>. If the physician exception is also the EMS service program’s Physician Medical Director, the physician exception should not be providing medical oversight of the EMS service program or providing other services as the EMS service program’s Physician Medical Director as defined by IAC 641-132 while functioning as a rostered member of the EMS service program and providing out-of-hospital patient care.



**EMS Service Program Physician Medical Director**

As the EMS service program’s Physician Medical Director for the authorized Iowa EMS program identified in this application, I have reviewed the documentation presented by the physician applicant and have determined that this individual has documented education and skills equal to, or greater than required, for the level of EMS clinician identified. I hereby approve the applicant to provide EMS care at the level identified in this application and to obtain the continuing education identified within the service programs CQI policy while functioning as an active member of this service program.

\_\_\_\_\_  
Physician Medical Director Signature

\_\_\_\_\_  
Date

**Physician Applicant Affirmation**

I hereby certify and declare under penalty of perjury that the information I have provided in this document, including any attachments, is true and correct. I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false or misleading information in or concerning my application may be cause for denial. In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I have provided on in conjunction with this application. I understand that this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. I further declare that I will obtain the necessary continuing education as defined by the service programs CQI policy as approved by the service program’s Physician Medical Director and that I will maintain an active Iowa physician license to maintain my status as a physician exception with the service program.

\_\_\_\_\_  
Physician Applicant’s Signature

\_\_\_\_\_  
Date



This section is reserved for the Bureau of Emergency Medical and Trauma Services (BEMTS) use only

**Bureau Physician Medical Director**

As the Bureau’s Physician Medical Director, I have reviewed the documentation presented by the physician applicant and have determined that this individual has documented education and skills equal to, or greater than required, for the level of EMS clinician identified. I hereby approve the applicant to provide EMS care at the level identified in this application and to obtain the continuing education identified within the service programs CQI policy while functioning as an active member of this service program.

\_\_\_\_\_  
Bureau Medical Director Signature

\_\_\_\_\_  
Date

Application is:       Approved                       Denied (document reason for denial)

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Application Reviewed By

\_\_\_\_\_  
Date