

## CHANGE OF EMS MEDICAL DIRECTOR

This form is authorized under Wisconsin Stat. § 256, and Wisconsin Administrative Codes DHS 110, 111 112 and 113. Completion of this form is mandatory for a change of emergency medical service medical director. Personally identifiable information requested on this form will be used for Wisconsin EMS Section and licensure purposes only.

**INSTRUCTIONS:** Complete this word-fillable form. Save and print. Sign and send a copy to the address at the bottom of this form or scan and email to [dhsemssmail@wisconsin.gov](mailto:dhsemssmail@wisconsin.gov).

### MEDICAL DIRECTOR INFORMATION

Emergency Medical Service Provider Name (If more than one service is affected, submit a separate form per service.)

Medical Director Name		Wisconsin Medical License Number	
		M.D. _____ or D.O. _____	
Address		Mailing Address (if different)	
City	State	Zip Code	County
Date of Birth	E-mail Address		
Effective Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Daytime Telephone Number	Other Telephone Number

### MEDICAL DIRECTOR CERTIFICATION

I am aware of and have reviewed the EMS Medical Directors' Resources at <http://www.dhs.wisconsin.gov/ems/system/meddirresources.htm> including the Medical Director Course, s. 256, Wisconsin Statutes and applicable administrative code. I have reviewed and approve this service's current patient care protocols/guidelines and operational plan and will participate in periodic training and evaluation to assure individuals' competency. I will provide medical direction for this service in accordance with applicable Wisconsin Statutes and administrative code pertaining to emergency medical services.

\_\_\_\_\_  
**SIGNATURE** – Medical Director

\_\_\_\_\_  
Date Signed

### SERVICE DIRECTOR CERTIFICATION

I acknowledge and request this change of medical director for the above-named service.

\_\_\_\_\_  
**SIGNATURE** – Service Director

\_\_\_\_\_  
Date Signed

Return this document along with a copy of the medical directors' resume (curriculum vitae) to:

**DIVISION OF PUBLIC HEALTH  
WISCONSIN EMS SECTION  
PO Box 2659  
Madison, WI 53701-2659**