

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 [Title 25, Texas Administrative Code, Chapter 157](#) 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.”

In addition, Texas Medical Board rule states that an EMS off-line medical director 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:
 - prehospital care, to be provided by EMS personnel;
 - patient transport standards (voluntary and involuntary);
 - criteria 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: <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>

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PHYSICIAN INFORMATION (PLEASE TYPE OR PRINT)

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

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

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 169, 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/> Physician Signature	<hr/> Date
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CURRENT EMS PROVIDER INFORMATION (PLEASE TYPE OR PRINT)

Last Name	First Name	Suffix
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#7

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

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

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

#10

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

#11

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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

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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

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