PHYSICIAN PRECEPTOR FORM FOR ENHANCED SKILLS

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 17592 (8/2015)

ONE SKILL PER FORM In order for an EMS provider to perform the listed enhancement skills, this form must be completed and returned to DEMST.

☐ Nebulized Medications	☐ Dextrose 50% (EMT-I85 Only)
☐ Limited Advanced Airway	☐ IV Maintenance

In addition to their EMT skills, the following persons possess Advanced Life Support skills associated with the above named enhancement course. As required in Chapter 50-03-03 of the North Dakota Administrative Code, these persons have met the training requirements of the North Dakota State Department of Health for these skills. I have assumed responsibility for the services of such person as set forth below.

	State EMS License #	Full Name	Level
1			
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The above named person(s) are affiliated with _____(ambulance service, rescue squad, etc.) within the geographic area of my practice. These persons are allowed to provide the ALS skills designated by me as part of my practice and only as a result of my delegation of the authority to do so. The above named person(s) must also have current certification to perform named skill. I may revoke this authority at any time. If I do so, I will provide the Division of Emergency Medical Services & Trauma with written notification of the revocation.
This document expires June 30, 20____

Physician Name	Medical License #	Business Telephone

Physician Signature	Date

Print Form