## EMS MEDICAL DIRECTOR ACKNOWLEDGEMENT FORM

Texas law now requires that the Medical Director of an EMS service (which is contracted with EMS Education programs to allow AEMT and Paramedic students to rotate with them for the purposes of completion of rotation requirements) provide written acknowledgement that he/she is aware that these students will be performing advanced procedures under the direct preceptorship of the EMS agency designated preceptors. These procedures may include advanced patient assessment IV/IO therapy, blood draw, medication administration, advanced airways and other advanced procedures as allowed by the EMS service protocols and guidelines.

PERCOMOnline, Inc. and PERCOM EMS Medical Education Consortium require that all advanced students complete the cognitive and psychomotor training and testing necessary for them to be eligible to enter the rotation environment and perform advanced procedures under the watchful eyes of designated preceptors. No student in a rotation from our program is allowed to function as a part of the designated crew for the EMS service and may not function in any capacity except under the supervision and guidance of the service's designated preceptor. Paramedic students in Final Field Internship are still to be monitored closely by the service's designated preceptor to ensure patient and crew safety and that appropriate medical care is administered by protocol at all times.

## **ACKNOWLEDGEMENT:**

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| By signing below, I acknowledge that I ar  | m the Medical Director for    |
| (EMS Service Name, City and State) and students may be rotating in our agency a procedures under the guidance and superdesignated preceptor. | nd may be performing advanced |
|  |                               |
| Signature  | Date                          |
| Printed Name   |                               |



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