



Michigan Department of Health and Human Services
Bureau of EMS, Trauma, & Preparedness
Division of EMS & Trauma
1001 Terminal Road
Lansing, Michigan 48906
Fax: (517) 335-9434
Website: www.michigan.gov/ems

Medical Control Authority Change Request

Authority: Public Act 368 of 1978, as amended

- Section 1: Revisions to Current MCA
- Section 2: Merge with another MCA or MCA(s)
- Section 3: Temporary Responsibility of another MCA

Instructions: Please complete the corresponding Section, attach all necessary requirements for department review, sign, date, and return by email or fax to:

Lori Lynn, EMS Facility and Vehicle Licensure

Email: LynnL@michigan.gov

Fax: 517-335-9434

CURRENT MCA NAME	
Name:	

SECTION 1: REVISIONS TO CURRENT MCA		
<input type="checkbox"/>	MCA Name:	
<input type="checkbox"/>	Medical Director Name:	

SECTION 1: REVISIONS TO CURRENT MCA CONTINUED

<input type="checkbox"/>	Medical Director Certifications	Please attach. Section 333.20918(3) of the Public Health Code - A Medical Director must be a physician who is board certified in emergency medicine by a national organization approved by the Department, or who practices emergency medicine and is certified in both advanced cardiac life support and advanced trauma life support.
<input type="checkbox"/>	Address:	
<input type="checkbox"/>	Phone Number:	
<input type="checkbox"/>	Fax Number:	
<input type="checkbox"/>	Email Address:	
<input type="checkbox"/>	Alternate Medical Director Name:	
<input type="checkbox"/>	Alternate Medical Director Certifications	Please attach. Section 333.20918(3) of the Public Health Code - A Medical Director must be a physician who is board certified in emergency medicine by a national organization approved by the Department, or who practices emergency medicine and is certified in both advanced cardiac life support and advanced trauma life support.
<input type="checkbox"/>	Alternate Medical Director Address:	
<input type="checkbox"/>	Alternate Medical Director Phone Number:	
<input type="checkbox"/>	Alternate Medical Director Fax Number:	
<input type="checkbox"/>	Alternate Medical Director Email Address:	
<input type="checkbox"/>	1 st Key Staff Name:	
<input type="checkbox"/>	1 st Key Staff Title:	
<input type="checkbox"/>	1 st Key Staff Address:	
<input type="checkbox"/>	1 st Key Staff Phone Number:	
<input type="checkbox"/>	1 st Key Staff Fax Number:	
<input type="checkbox"/>	1 st Key Staff Email Address:	

<input type="checkbox"/>	2 nd Key Staff Name:	
<input type="checkbox"/>	2 nd Key Staff Title:	
<input type="checkbox"/>	2 nd Key Staff Address:	
<input type="checkbox"/>	2 nd Key Staff Phone Number:	
<input type="checkbox"/>	2 nd Key Staff Fax Number:	
<input type="checkbox"/>	2 nd Key Staff Email Address:	

SECTION 2: MERGE WITH ANOTHER MCA OR MCA(S)

<input type="checkbox"/>	Other MCA(s) involved in the Merger:	
<input type="checkbox"/>	Letter from each involved MCA regarding the Merger	Please attach.
<input type="checkbox"/>	Bylaws that define the MCA organizational structure	Please attach.
<input type="checkbox"/>	MCA Board Appointments	Please attach.
<input type="checkbox"/>	Advisory Body Appointments	Please attach.
<input type="checkbox"/>	New Medical Director:	
<input type="checkbox"/>	Medical Director Certifications	Please attach.
<input type="checkbox"/>	PSRO Appointments	Please attach.
<input type="checkbox"/>	Protocols	Submit to the EMSCC QA Task Force for approval.
<input type="checkbox"/>	Data Collection Plan	Please attach.

SECTION 3: TEMPORARY RESPONSIBILITY OF ANOTHER MCA

<input type="checkbox"/>	Other MCA(s):	
<input type="checkbox"/>	Letter from each involved MCA regarding the reason for Transfer of Responsibility and confirmation of adherence to Other MCA(s) protocols as listed above	Please attach.
<input type="checkbox"/>	Dates of Temporary Responsibility:	

Printed name of person completing this form:_____

Signature of person completing this form:_____

Title:_____

Phone Number:_____

Email:_____