



Michigan Department of Health and Human Services  
Bureau of EMS, Trauma and Preparedness  
Division of EMS and Trauma  
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## Medical Control Authority Request for Addendum of Michigan Protocols

### MCA Information

MCA: \_\_\_\_\_ Medical Director: \_\_\_\_\_  
Protocol: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Identify where you are requesting to make change/changes:

- Medication       Pre-Medical Control       Post-Medical Control       Procedural  
 Other (specify)  
 Additional Protocol

**Failure to complete this form without appropriate documentation and/or justification will result in automatic denial and will be returned for resubmission.**

Justification (must be based on medical research, facts and/or data; attach additional pages if needed):

Rationale: Why is this addendum necessary for your MCA?

Specify where in the protocol this addendum takes place (list page numbers, sections, etc.)

\_\_\_\_\_  
*Medical Director's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

This form may be electronically signed by the physician, or signed manually then scanned and emailed along with the appropriate attachments to: MDHHS-MCAProtocols@michigan.gov

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