



Michigan Department of Health and Human Services
 Bureau of EMS, Trauma and Preparedness
 Division of EMS and Trauma
 P.O. Box 30207
 Lansing, MI 48909-0207
 517-335-8150 (Phone)
www.michigan.gov/ems

Medical Control Authority Change Request

Authority: Public Act 368 of 1978, as amended

FINALIZATION OF ALL MERGERS OR SEPARATIONS MUST BE APPROVED BY THE STATE PRIOR TO TAKING ACTION

- Section 1: Revisions to Current MCA
- Section 2: Merge with OR separate from another 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 all required documents by **mail**, **email** or **fax** to:

Emily Bergquist, MCA Coordinator
 Email: BergquistE@Michigan.gov
 Fax: 517-335-9434

CURRENT MCA NAME	
Name:	

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



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<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:	



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SECTION 2: MERGE WITH OR SEPARATE FROM ANOTHER MCA(S)	
<input type="checkbox"/>	Other MCA(s) involved in Merger or Separation:
<input type="checkbox"/>	Letter from each involved MCA regarding the merger: Please attach (not applicable for separation)
<input type="checkbox"/>	Official Notification to MCA regarding separation: Please attach
<input type="checkbox"/>	Bylaws that define the MCA organizational structure: Please attach In Accordance with Section: ByLaws
<input type="checkbox"/>	MCA Board Appointments: Please attach
<input type="checkbox"/>	Advisory Body Appointments: Please attach
<input type="checkbox"/>	New Medical Director: 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"/>	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 Use Agreement: Please attach In Accordance with Section: Data Use Agreement with MCA
<input type="checkbox"/>	Data Collection Plan: Please attach In Accordance with Section: User Agreement MI-EMSIS

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:



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I affirm that all statements I have made on this form are true and accurate to the best of my knowledge and my electronic signature is considered my personal signature.

Name of person completing this form:

Signature of person completing this form:

Title:

Phone Number:

Email: