



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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