



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  
 517-241-3025 (Phone)  
[www.michigan.gov/ems](http://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**. **Please note all contact information provided will be public information, so you may wish to not use personal phone or email information.**

Kristine Kuhl, MCA Coordinator

Email: [MDHHS-MichiganEMS@michigan.gov](mailto:MDHHS-MichiganEMS@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:	<b>Please attach - <a href="#">Section 333.20918(3)</a> 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.</b>
<input type="checkbox"/> Facility:	
<input type="checkbox"/> Facility Address:	
<input type="checkbox"/> Phone Number:	
<input type="checkbox"/> Email Address:	



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<input type="checkbox"/>	Alternate Medical Director Name:	
<input type="checkbox"/>	Alternate Medical Director Certifications:	<b>Please attach - <a href="#">Section 333.20918(3)</a> 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.</b>
<input type="checkbox"/>	Alternate Medical Director Facility:	
<input type="checkbox"/>	Alternate Medical Director Facility Address:	
<input type="checkbox"/>	Alternate Medical Director Phone Number:	
<input type="checkbox"/>	Alternate Medical Director Email Address:	
<input type="checkbox"/>	1 <sup>st</sup> Key Staff Name:	
<input type="checkbox"/>	1 <sup>st</sup> Key Staff Title:	
<input type="checkbox"/>	1 <sup>st</sup> Key Staff Facility:	
<input type="checkbox"/>	1 <sup>st</sup> Key Staff Facility Address:	
<input type="checkbox"/>	1 <sup>st</sup> Key Staff Phone Number:	
<input type="checkbox"/>	1 <sup>st</sup> Key Staff Email Address:	
<input type="checkbox"/>	2 <sup>nd</sup> Key Staff Name:	
<input type="checkbox"/>	2 <sup>nd</sup> Key Staff Title:	
<input type="checkbox"/>	2 <sup>nd</sup> Key Staff Facility:	
<input type="checkbox"/>	2 <sup>nd</sup> Key Staff Facility Address:	
<input type="checkbox"/>	2 <sup>nd</sup> Key Staff Phone Number:	
<input type="checkbox"/>	2 <sup>nd</sup> 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: <b>Please attach (not applicable for separation)</b>
	Official Notification to MCA regarding separation: <b>Please attach</b>
<input type="checkbox"/>	Bylaws that define the MCA organizational structure: <b>Please attach</b> In Accordance with Section: <a href="#">ByLaws</a>
<input type="checkbox"/>	MCA Board Appointments: <b>Please attach</b>
<input type="checkbox"/>	Advisory Body Appointments: <b>Please attach</b>
<input type="checkbox"/>	New Medical Director: <b>Please attach - <a href="#">Section 333.20918(3)</a> 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.</b>
<input type="checkbox"/>	Medical Director Certifications: <b>Please attach</b>
<input type="checkbox"/>	PSRO Appointments: <b>Please attach</b>
<input type="checkbox"/>	Protocols: <b>Submit to the EMSCC QA Task Force for approval</b>
<input type="checkbox"/>	Data Use Agreement: <b>Please attach</b> In Accordance with Section: <a href="#">Data Use and Non Disclosure Agreement with MCA</a>
<input type="checkbox"/>	Data Collection Plan: <b>Please attach</b> In Accordance with Section: <a href="#">User Agreement MI- EMSIS</a>

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: <b>Please attach</b>
<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: