



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

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.**

Emily Bergquist, MCA Coordinator

Email: 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:	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"/> Facility:	
<input type="checkbox"/> Facility Address:	
<input type="checkbox"/> Phone Number:	
<input type="checkbox"/> Email Address:	



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

<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 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 st Key Staff Name:	
<input type="checkbox"/>	1 st Key Staff Title:	
<input type="checkbox"/>	1 st Key Staff Facility:	
<input type="checkbox"/>	1 st Key Staff Facility Address:	
<input type="checkbox"/>	1 st Key Staff Phone 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 Facility:	
<input type="checkbox"/>	2 nd Key Staff Facility Address:	
<input type="checkbox"/>	2 nd Key Staff Phone Number:	
<input type="checkbox"/>	2 nd Key Staff Email Address:	



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

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)
	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 and Non Disclosure 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:



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

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: