

RESTRICTION OR DENIAL OF MEDICAL COMMAND AUTHORIZATION

ALS Service Affiliate #	Calendar Year
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 Last Name (ALS Practitioner) First MI

ACTION TAKEN

As the ALS service medical director for this ambulance service, I have taken the following action with respect to the practitioner's medical command authorization with this ambulance service:

- RESTRICTED for Initial Service Preceptoring (This option may only be used if the applicant has not previously been granted medical command authorization with this service. This option may not be used if preceptoring is being done to remediate deficiencies.)
- RESTRICTED for Other Reason
- RENEW AND REQUIRE REMEDIAL CONTINUING EDUCATION
- DENIED / WITHDRAWN

List the restriction(s) placed on the medical command authorization or describe the reasons for denial or withdrawal of medical command authorization:

If medical command authorization has been renewed and additional continuing education is required to address a demonstrated deficiency in competence, list the continuing education courses that must be successfully completed:

The ALS practitioner has been notified of this decision and received a copy of this form.

 ALS Service Medical Director (Print)

 ALS Service Medical Director (Signature)

 Date