Fill out one form for each physician who is Medical Director or Co-Medical Director

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Last Name | | | | First Name | | | | | MI | |
|  |  | | |  |  | | | |  |  |  |
| Mailing Address | Number, Street, Apt. | | City | | | | | State | | Zip +4 | |
|  |  |  |  | | | |  |  |  | + | |
|  | | | | | | | | | | | |
| E-mail Address |  | | | | |  | | | | | |

Medical Director  Associate Medical Director

**Educational Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Location | Dates | Degree | Major |
| School 1 |  |  |  |  |
| School 2 |  |  |  |  |
| School 3 |  |  |  |  |
| School 4 |  |  |  |  |

**Post-graduate Training**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Location | Dates | Degree | Major |
| School 1 |  |  |  |  |
| School 2 |  |  |  |  |
| School 3 |  |  |  |  |
| School 4 |  |  |  |  |

**Work Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Location | Dates | Degree | Major |
| Position 1 |  |  |  |  |
| Position 2 |  |  |  |  |
| Position 3 |  |  |  |  |
| Position 4 |  |  |  |  |

Name:

Board Certification Specialty:       Date:

1. How long have you been serving in the present position with the program?
2. Have you been a medical director of an ambulance service? Yes No

If yes, how long?

1. Have you ever been a paramedic? Yes No

**Check all that apply:**

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been certified as: |  |  |  |
| Advanced Cardiac Life Support Provider | Yes No | Currently Certified? | Yes No |
| Advanced Cardiac Life Support Instructor | Yes No | Currently Certified? | Yes No |
| Advanced Trauma Life Support Provider | Yes No | Currently Certified? | Yes No |
| Advanced Trauma Life Support Instructor | Yes No | Currently Certified? | Yes No |
| Pediatric Advanced Life Support Provider | Yes No | Currently Certified? | Yes No |
| Pediatric Advanced Life Support Instructor | Yes No | Currently Certified? | Yes No |
| Basic Trauma Life Support Provider | Yes No | Currently Certified? | Yes No |
| Basic Trauma Life Support Instructor | Yes No | Currently Certified? | Yes No |
| Pre-Hospital Trauma Life Support Provider | Yes No | Currently Certified? | Yes No |
| Pre-Hospital Trauma Life Support Instructor | Yes No | Currently Certified? | Yes No |
| **Do you:** |  |  |  |
| Lecture to paramedic students? | Yes No | Hours? |  |
| Participate in lab (practical) exercises? | Yes No | Hours? |  |
| Review written exams for content and appropriateness? | Yes No |  |  |
| Review practical testing? | Yes No |  |  |
| Review clinical performance? | Yes No |  |  |
| Review field experience? | Yes No |  |  |
| Participate in practical testing? | Yes No |  |  |
| Participate in oral testing? | Yes No |  |  |
| Do you review and approve the supervision of students? | Yes No |  |  |
| Do you review and approve the evaluation of students? | Yes No |  |  |
| Do you review each student’s progress and assist in development or corrective measures for students that do not show adequate progress? | Yes No |  |  |
| Do you assure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains? | Yes No |  |  |
| Do you work cooperatively with the Program Director? | Yes No |  |  |
|  |  |  |  |
| **Responsibilities:** |  |  |  |
| Do you review and approve the educational content of the curriculum to certify its appropriateness and medical accuracy? | Yes No |  |  |
| Do you review and approve the quality of medical instruction? | Yes No |  |  |

If the answers to any of these seven questions about responsibilities is NO, add a pages(s) of narrative defining who is responsible and how that responsibility is attained.

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Signature Date