



MCA Privileges Application

All applicants must complete the Medical Control Authority (MCA) Privileges Application Packet before being granted privileges within the MCA.

This Packet must include the following:

Signed letter of request from primary agency – Every provider must submit a letter of request from their primary agency requesting that they be granted privileges to practice within the MCA. This request is to be on the agency's letterhead and signed by an approved officer.

Copy of State of Michigan EMS License – ALL applicants must include a copy of their current State of Michigan EMS License.

Copy of BLS CPR Provider Card – ALL applicants must submit a copy of a current BLS CPR Provider Card.

Copy of Approved Trauma Course Card – EMT/Specialist/Paramedic applicants must submit a copy of a current ITLS or PHTLS Provider Card.

Copy of ACLS Provider Card – Paramedic applicants must submit a copy of current ACLS Provider Card.

Copy of Approved Pediatric Course Card – Paramedic applicants must submit a copy of current PALS, PEPP, or EPC Provider Card.

Verification of Written and Practical Privileges Test (if applicable) – EMT, AEMT, and Paramedic providers are required to take a MCA Privileges Test within 60 days of entry into the MCA and successfully pass the test within 120 days. Paramedics are also required to demonstrate proficiency in advanced airway management, intravenous and/or intraosseous access, medication administration, and dynamic cardiology, including 12-lead interpretation.

Verification of Field Training Completion (all levels) – successful completion of agency run Field Training Program is required by all levels. This should include, minimally, an orientation process of emergency medical services personnel that familiarizes them with the agency's policies and procedures and training in the use and application of all equipment carried on the life support vehicle.

Verification of Criminal Background Check – Agencies must conduct a criminal background check of ALL applicants to include, at minimum, a check of the sexual offender registry and a criminal history background check.

Please mail applications to:

**West Michigan Regional Medical Consortium
1675 Leahy St
Suite 308B
Muskegon, MI 49442**

January 31, 2019



West Michigan Regional Medical Consortium

1675 Leahy St Suite 308B Muskegon, MI 49442

MCA Privileges Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Current License #: _____ License Expiration: _____

Please check the level that you are applying for:

- | | |
|---|--|
| <input type="checkbox"/> Emergency Medical Dispatcher | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Medical First Responder | <input type="checkbox"/> Critical Care Paramedic |
| <input type="checkbox"/> Emergency Medical Technician | <input type="checkbox"/> Community Paramedic |
| <input type="checkbox"/> Specialist | |

Primary Agency: _____

Other Agency/MCA Affiliation: _____

Please list all Certifications and their expiration date:

Certification: _____ Expiration Date: _____

Certification: _____ Expiration Date: _____

Certification: _____ Expiration Date: _____

Certification: _____ Expiration Date: _____

Field Training Completion Date: _____

Written Protocol Test Pass Date: _____ Practical Protocol Test Pass Date: _____

January 31, 2019



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Medical Control Authorization (to be filled out by MCA Medical Director)

_____ is hereby granted Medical
Print Provider's Name

Control Authority Privileges to function at the level identified below within the West Michigan
Regional Medical Consortium.

- EMD
- MFR
- EMT
- Specialist

- Paramedic
- Critical Care Paramedic
- Community Paramedic

MCA Medical Director Authorization

Medical Director Name: _____

Signature: _____ Date: _____

January 31, 2019