



MCA Privileges Application

All applicants must complete the West Michigan Regional Medical Consortium (WMRMC) 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.

Application packets that are missing any of these materials will be returned to the applicant as incomplete.

Please mail applications to:

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

8/31/2016



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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: _____

Certification: _____ Expiration Date: _____

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

8/31/2016



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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: _____