

NEW YORK STATE DEPARTMENT OF HEALTH Emergency Medical Services Program

Medical Director Verification DOH-4362 General Instructions for Form Completion

The DOH-4362 form is used to document the physician medical director providing individual EMS agency medical direction in accordance with DOH Policy #03-07. The form also documents the specific level of patient care and/or adjunct BLS protocols authorized by a Regional Emergency Medical Advisory Committee (REMAC) per DOH Policy #95-01.

A CFR/EMT/AEMT, as well as the EMS agency of which an individual is a member or employee, is in violation of Article 30 of Public Health Law (A30PHL) if rendering medical care that is subject to REMAC approval and medical direction without first receiving such approval and providing care under such medical direction.

To Complete the DOH-4362 Medical Director Verification form:

Read the Notice to Service statement. Pay particular attention to the fact that an EMS service's level of care approval, or approval of a NYS licensed physician to provide medical direction to an EMS agency, must be received in writing from the REMAC having jurisdiction in the region in which an agency provides EMS. *The DOH-4362 form is not valid unless completed after first receiving a valid written REMAC approval and endorsement of the identified service medical director. The written approval does not need to be submitted with the form but must be produced upon request by NYS DOH.*

DOH-4362 field	Information required to complete
Defib /PAD	Check this box if any personnel are authorized to provide defibrillation level care. Certified services may not use Public Access Defibrillation (PAD) to fulfill regulatory requirements. REMAC written approval is required to enable DEFIB level care for BLS members of ALS services. PAD filing by NOI (DOH-4135 Notice of Intent) is applicable for all non-certified agencies (BLSFR) providing defibrillation.
Epi Pen	Check this box if any personnel are authorized by the REMAC to provide Epinephrine by Auto Injector. A filing by NOI (DOH-4188 Notice of Intent to Possess and Use Epinephrine Auto Injector) is required by all certified and non-certified (BLSFR) services approving BLS providers. <i>This approval does not apply to ALS personnel.</i>
Albuterol	Check this box if any certified providers are authorized by the REMAC to provide Nebulized Albuterol. This level of care is subject to regional approvals and protocol for any BLS provider. <i>This approval does not apply to ALS personnel.</i>

Blood Glucometry	Check this box if any BLS certified providers are authorized by the REMAC to conduct blood glucose level testing. EMS agency compliance with DOH Clinical Laboratory <u>Limited Service Laboratory Registration</u> (DOH-4081) process and DOH Policy #05-04 is mandatory for this approval. <i>This approval does not apply to ALS personnel.</i>
ALS Levels of Care	Check SINGLE highest level of care authorized by the REMAC if approved to provide Advanced Life Support. (Lower levels are automatically approved within guidelines or restrictions imposed by individual REMACs)
Controlled Substances	Check this box if service holds a valid and currently unexpired license to possess and administer controlled substances issued by NYS DOH Bureau of Narcotic Enforcement. <i>Federally issued DEA CS Licenses do not apply to EMS agencies.</i>
Name of EMS Service	Full legal name of EMS agency. If agency is DOH certified name should be same as listed on DOH-3414 or DOH-4005 certificate.
Agency Code Number	Enter NYS DOH issued EMS agency 4 digit code number. If number unknown, please contact NYS DOH Bureau of EMS for further instructions.
Service Type	Check only ONE box to indicate service type: Ambulance, Advanced Life Support First Response (ALSFR) or non-certified Basic Life Support First Response (BLSFR).
Name of Service CEO	Name of agency chief executive officer or chief of operations.
Service Medical Director	Name of NYS licensed physician approved by the REMAC to provide service level medical direction per DOH Policy #03-07.
NYS Physician's License	NYS Department of Education Physician's license number issued to service medical director. <i>License must be valid and not expired.</i>
CS License Number	NYS DOH Bureau of Narcotics Enforcement (BNE) issued controlled substances license number. Give last 4 digits of number that begins with 03c. <i>Federally issued DEA licenses do not apply to NYS EMS controlled substances licenses. Do not enter DEA ID #.</i>
CS License Expiration	Expiration date of current BNE issued CS license. (mm/dd/yyyy)

Service medical director must read the affirmation at the bottom of the form and sign the statement of compliance. Signature of the medical director means that the physician assumes responsibility and medical oversight within the scope and intent of Article 30 of Public Health Law, NYCRR Part 800 and NYCRR Part 80 as applicable. A separate form must be completed and signed if service has more than one medical director.