NOTIFICATION OF OUT-OF-STATE MEDICAL PERSONNEL PLACEMENT BY STAFFING AGENCY

In response to the Governor's Emergency Declaration, subsection three (3), concerning the preparation and response to the COVID-19 outbreak; out-of-state medical personnel must obtain authorization from the Director of the EMS Authority before they may practice in California.

Staffing Agencies are required once it has placed an approved healthcare professional, notify the EMS Authority of the placement, the facility name and the expected duration of the placement. This form has been created to assist with this notification.

I attest that I have the authority to hire medical professionals for the facility named above:

Staffing Agency Representative -Print	Staffing Agency Name	Telephone	E-mail

Signature	Date

Indicate the type of facility using these codes:

Alt. Care Site: **(AC)** Clinic: **(C)** Hospice: **(H)** Hospital: **(HO)** Pharmacy: **(P)** SNF: **(SNF)** Telehealth: **(T)** Other: **(O)**

If other, provide a description: ______________________________

	Healthcare Professional's Name	Healthcare Profession	Facility Name	Facility Location	Type of Facility
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4.					
5.					
*continue on page 2 if needed					

	Full Name	Healthcare Profession	Facility Name	Facility Location	Type of Facility
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