

LOCAL OPTIONAL SCOPE OF PRACTICE - REQUEST FOR APPROVAL

Check one: Administration to EMS Providers Administration to General Public

EMS Medical Director: _____ Date: _____

Local EMS Agency: _____

Proposed procedure or medication: _____

1. **Description of the procedure or medication requested:**

2. **Description of the medical conditions for which the procedure/medication will be utilized:**

3. **Alternative:**

4. **Estimated Frequency of Utilization:**

5. **Other factors or exceptional circumstances:**

6. **Any supporting data, including relevant studies and medical literature:**

7. **Recommended policies/procedures to be instituted regarding vaccinations:**
 - a. **Use:**

 - b. **Medical Control:**

 - c. **Treatment Protocols (for each vaccination type):**

 - d. **Quality improvement of the vaccine procedures:**

8. **Description of the training and competency required to implement the vaccination procedure:**

LEMSA Name: _____ LEMSA Signature: _____ Date: _____