



REQUEST FOR TEMPORARY RECOGNITION OF OUT-OF-STATE MEDICAL PERSONNEL DURING A STATE OF EMERGENCY

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. Medical providers with a pre-existing patient(s) who is moving to California may obtain a 30-day waiver to temporarily continue to provide care via telehealth.

Instructions:

1. This form must be filled out in its entirety and submitted to COVID19@emsa.ca.gov.
2. A copy of the healthcare professionals' current license/certification and a government-issued photo identification must be submitted with this form.
3. The healthcare professional must answer all of the questions in the supplemental information section.

Medical Provider's Information:

	Full Name	Healthcare Profession	Certification/ License #:	Issuing State	Expiration Date
1.					
2.					

Supplemental Information required (see page 2)

I attest that I have a pre-existing relationship with a patient that is moving to California and is need of continuation of care.

Medical Professional's Name -Print	Facility/Agency Name	Telephone	E-mail	
Facility/Agency Address		City	ST	Zip
Signature			Date	

EMSA Use Only:

License(s) Confirmation Date: _____ Verifier's Signature: _____

List Approval Date: _____ Approver's Signature: _____

Supplemental Information:

Additional pages may be added to answer these questions. Each answer must be typed and should not exceed ½ a page in length. Please omit patient name(s) and other protected health information to maintain HIPAA compliance.

1. Is the patient(s) you are seeking to provide telehealth services to a pre-existing patient(s) of yours/your practice, who previously received treatment from you/your practice in the state in which you are licensed? ***Please explain.***

2. Is the patient(s) relocating to California? ***Please explain.***

3. Has the patient(s) sought to obtain treatment in California? ***Please explain.***

4. For how long are you seeking to treat patient(s) located in California?

5. Are you also seeking to obtain permanent licensure in California?

6. Are you seeking to provide telehealth to patients in California who were not affiliated or treated by you/your practice prior to COVID-19?