

This document is a template only. It is being provided as a courtesy to promote successful submission of a change in LOSOP policy or procedure.

Local EMS Agency:	Date:
EMS Medical Director:	
Name of Currently Approved LOSOP:	

Please complete the areas below. Should additional space be needed, pages may be added to this document.

- 1. Reason (issue/cause) for the amendment:
- 2. Description of the change(s) being requested (include QA/QI, reporting, if applicable):
- 3. Impact (patient care, fiscal, etc.) to the EMS system if amendment is not approved:
- 4. Description of any alternatives, should the amendment not be approved:

State Use Only

Revision Approval Date: _____

Approved by: _

EMSA Representative (in collaboration with the EMDAC Scope of Practice Subcommittee)