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.

Authorization for temporary recognition is requested for the below medical personnel assigned to:

FACILITY/STAFFING AGENCY ___________________________ in the **COUNTY(S)** of:

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Beginning on: ________________________ and ending on ______________________.

	Full Name	Healthcare Profession	Certification/ License #:	Issuing State	Issuing Agency
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	Continue on page 2 if required				

Additional Instructions: A copy of the healthcare professionals' current license/certification and a photo identification must be submitted with this form.

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

Facility/Agency Representative -Print	Facility/Agency Name	Telephone	E-mail

Facility/Agency Address	City	ST	Zip

Signature	Date

<u>EMSA Use Only:</u>

License(s) Confirmation Date: ___________________ Verifier's Signature: ______________________

List Approval Date: ______________________ Approver's Signature: ____________________

List Continued from first page:

	Full Name	Healthcare Profession	Certification/ License #:	Issuing State	Issuing Agency
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