



# ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

208 Legends Court Prattville, AL 36066  
Mail to: P.O. Box 303017 Montgomery, AL 36130-3017



## Medical Directors Course Request

### Applicant Information

Last Name \* \_\_\_\_\_

First Name \* \_\_\_\_\_ MI \_\_\_\_\_

Address \* \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \* \_\_\_\_\_ @ \_\_\_\_\_ Phone (Primary) \*( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

County of Residence \* \_\_\_\_\_ Phone (Sec) ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Affiliated Hospital \* \_\_\_\_\_ \* Required

Certification (At least one required)	
<input type="checkbox"/>	A.T.L.S. & A.C.L.S.
<input type="checkbox"/>	Board Certification in Emergency Medicine
<input type="checkbox"/>	A.T.L.S. & P.A.L.S. (Pediatric ED Only)
<input type="checkbox"/>	A.C.L.S. (Provider Service Medical Director Only)

**Attach copies of A.T.L.S. and A.C.L.S. Certifications  
or  
Board Certification in Emergency Medicine.**

*(Individuals working in Pediatric Emergency Departments may substitute P.A.L.S. for A.C.L.S.)*

**Email: [steven.stringer@adph.state.al.us](mailto:steven.stringer@adph.state.al.us) or Fax: (334)206-0364 Attn: Steven Stringer**