



ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

RSA Tower, 201 Monroe Street, Suite 1100
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)	

**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: jamie.gray@adph.state.al.us or Fax: (334)206-0364 Attn: Jamie Gray