



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)

- ☐ A.T.L.S. & A.C.L.S.
- ☐ Board Certification in Emergency Medicine
- ☐ A.T.L.S. & P.A.L.S. (Pediatric ED Only)
- ☐ 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: Rhonda.Caples@adph.state.al.us or Fax: (334)206-0364 Attn: Rhonda Caples