



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