

Idaho EMS Agency Name _____ License # _____

Personnel Affiliation - Status Change Form

Provider Name	Provider license #	Address (City, State, Zip)	Add	Remove	Terminated for Cause or LDA *

* IDAPA 16.02.03.515 authorizes the Idaho Emergency Medical Services (EMS) Bureau to investigate any action, conduct, or failure to act which is inconsistent with the professionalism, and/or standards established by the Rules Governing of EMS. In accordance with this responsibility, please notify the EMS Bureau when a licensed EMS provider is terminated for cause or is the subject of local disciplinary action (LDA). This includes a medical director sanction of a limited scope of practice, restriction or withdrawal of medical director approval to function, per IDAPA 16.02.02.200.03. Disclosure of the circumstances will result in an initial review and may lead to a request for further information and full investigation by the EMS Bureau. Local disciplinary action must be reported within fifteen (15) days per Idaho Code 39-1393.

Details and copies of associated documentation for terminations for cause and LDA's should be sent by certified mail to: Idaho EMS Bureau, Attn: Standards & Compliance - Investigations, PO Box 83720, Boise, ID 83720-0036



Attesting Officer Name:	Date:
Signature:	Title: