



State of Delaware
Office of Emergency Medical Services

Medical Control Physician Information Form
(Information for internal use of the Office of Emergency Medical Services only)



In accordance with Delaware Office of EMS (OEMS) rules, physicians are not permitted to provide on-line medical direction to Delaware EMS providers without first completing the Delaware Base Station Physician Course and then issued a Medical Control Physician Number by the OEMS.

Please Print Clearly!

Information (Check One):
New (complete all sections)
Change (complete appropriate section)

Name: Title (check): M.D. D.O.

Preferred Mail Address:

City: State: Zip:

Hospital Name: Bayhealth - Kent Bayhealth - Milford Beebe ChristianaCare DuPont Nanticoke St. Francis

Work Telephone Number: () FAX: ()

If other than your work telephone number, provide the primary contact number you wish the OEMS to use to contact you should the need arise: Number:()

This is my: Home Telephone Number Cellular Telephone Number Pager Number Other

E-Mail Address:

Check box if Emergency Medicine Resident: Estimated date of completion of Residency Program:

Delaware Physician License Number:

Emergency Medicine Board: Certified Prepared

Mail to: Training Administrator Delaware Office of EMS 100 Sunnyside Road Smyrna, DE 19977

If you checked "Board Prepared", you must enter your ATLS and ACLS expiration dates.

ATLS Expiration Date:

ACLS Expiration Date:

Base Station Course Location: Signature (Course Instructor):

Course Date: Course Type: Interim (45 day) Regular

OEMS Use Only

Medical Control Number: State EMS Medical Director (Signature):

Entered in Database (Date/Initials):