EMS SCOPE OF PRACTICE SUGGESTION FORM Mali to: EMS Bureau, 1301 Siler Rd., Bldg F, Santa Fe, NM 87507 Fax to: 505-471-2122

Name of Medication/Skill	Please select one:			Level:			
	Addition	or	Removal	EMD FR	Basic ILS	Para	ALL
Evidence Supporting Addition/Removal of this skill/medication (Please document the reasons you are requesting this changefor example, the number of times your service could have utilized this medication or skill to make a positive impact on patient outcome):							

Use additional pages as needed