



REQUEST FOR TEMPORARY RECOGNITION OF OUT-OF-STATE MEDICAL PERSONNEL DURING A STATE OF EMERGENCY

In response to the Governor's Emergency Declaration, subsection three (3), concerning the preparation and response to the COVID-19 outbreak; out-of-state medical personnel must obtain authorization from the Director of the EMS Authority before they may practice in California.

See procedures and further guidance on page 3.

Authorization for temporary recognition is requested for the below medical personnel assigned to:

FACILITY/STAFFING AGENCY _____ in the **COUNTY(S)** of: _____ beginning on: _____ and ending on _____.

Type of entity requesting staffing authorization:

Alt. Destination _____ Clinic _____ Hospice _____ Hospital _____ Pharmacy _____ SNF _____
Staffing Agency _____ Telehealth _____ Other Medical Facility (describe): _____

	Full Name	Healthcare Profession	Certification/ License #:	Issuing State	Expiration Date
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Attach the Following Required Documents:

- A copy of the healthcare professionals' current license/certification and a photo identification must be submitted with this form.
- All telehealth facilities must submit proof of a contract with a CA medical facility to provide care.

I attest that I have the authority to hire medical professionals for the facility named above:

_____	_____	_____	_____
Facility/Agency Representative -Print	Facility/Agency Name	Telephone	E-mail

_____	_____	_____	_____
Facility/Agency Address	City	ST	Zip

_____	_____
Signature	Date

EMSA Use Only:

License(s) Confirmation Date: _____ Verifier's Signature: _____
List Approval Date: _____ Approver's Signature: _____

List Continued from first page:

	Full Name	Healthcare Profession	Certification/ License #:	Issuing State	Expiration Date
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PROCEDURES

A medical facility, telehealth agency or staffing agency which desires to utilize medical professionals with out-of-state certifications or licenses during the COVID-19 State of Emergency shall do the following:

- (A) Submit a complete and signed "Request for Temporary Recognition of Out-Of-State Medical Personnel During a State of Emergency" form. This form shall include:
 - a. Information on the facility/staffing agency, location and functions within the State of California.
 - b. Information on the out-of-state healthcare professional providing services at the facility, including name, healthcare license information and state where the license/certification is held.
 - c. Copies of the individual's certification or license and photo identification issued by the state where the healthcare provider holds their certification or license.
 - d. For Telehealth agencies, a copy of a contract with a California based medical facility or business approved to provide medical advice within California.

- (B) Email the temporary recognition form and supporting documents to the EMS Authority at COVID19@emsa.ca.gov.

- (C) The California EMS Authority shall review and make a written determination within two (2) – four (4) business days after receipt of a complete request.

- (D) The duration of the approval shall continue through the end of the State of Emergency.

Additional Requirements:

The medical facility or staffing agency shall notify and receive approval from the EMS Authority of any changes to the list of healthcare providers being used, or discontinuation of this approval prior to the changes taking affect.

The medical facility is responsible for monitoring the healthcare providers hired based on this approval and will notify the EMS Authority of any unusual occurrence within 24 hours of the event occurring.

If the form is submitted by a staffing agency, the staffing agency will, once it has placed an approved healthcare professional, notify the EMS Authority of the placement, the facility name and the expected duration of the placement.