

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

**Board of Medicine**  
**APRN/EMT/Paramedic Protocol Form**

S. 458.348(1)(a), Florida Statutes, states in part, when a physician enters into an established protocol with an Advanced Practice Registered Nurse, an Emergency Medical Tech (EMT) or a Paramedic which protocol contemplates the performance of medical acts identified and approved by the joint committee pursuant to s. 464.003(3)(c) or acts set forth in s. 464.012(3) and (4), the physician shall submit notice to the board. The notice shall contain a statement in substantially the following form.

I, \_\_\_\_\_,  
(Please type or print name of physician)

license number ME00 \_\_\_\_\_ of \_\_\_\_\_  
(Please print or type address of practice location)

have hereby  entered into a  terminated my formal supervisor relationship, standing orders, or an established protocol with \_\_\_\_\_ (amount of) APRN(s), EMT(s), Paramedic(s). S. 458.348(1)(b), F.S. Notice shall be filed within 30 days of entering into the relationship, orders, or protocol. Notice also shall be provided within 30 days after the physician has terminated any such relationship, orders, or protocol.

\_\_\_\_\_  
(Signature of Physician)

Complete this form and return it to: Department of Health, Board of Medicine, 4052 Bald Cypress Way, BIN #C-03, Tallahassee, FL 32399-3253, or fax it to 850-488-0596. **No additional documentation required.**

**NOTE: Only one physician per form. Use extra sheets for additional APRN's / EMT's / Paramedics.**