



SCOPE OF SERVICES
Emergency Medicine

Last Name	First Name	Middle Name
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Check appropriate box indicating which clinical capabilities you are able to perform

Please list any limitations on a separate sheet

Certifications

BLS Expires:	ACLS Expires:
ATLS Expires:	ABLS Expires:
PALS / APLS Expires:	NBP Expires:

Areas of Interest

Government Assignments	
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Management and Treatment of Medical Emergencies Including:

Cardiac Arrest/Failure	DRA
Respiratory Arrest/Failure	Minor GI Bleeding
Sepsis	

Stabilization and Initial Treatment of Single or Multiple Traumas Including:

Blunt or penetrating injuries of the head, chest, abdomen	Fractures
Spinal Cord Injuries	Dislocations
Soft Tissue Injuries Including the Eye	

Management and Treatment of Thermal Injuries Including:

Burns	Management and treatment of pediatric emergencies Not categorized:
Electrocution	
Hypo/Hyperthermia	

Board Standing in Emergency Medicine, If Applicable:

	Yes	No	
ABEM Certified:			Date First Certified:
			Date First Became Qualified:
ABEM Qualified:			Date Most Recently Re-Certified:
			Expected Date of Completion:
			Written Exam:
			Oral Exam:

Other Board Eligibility / Certifications:

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What Formal Emergency Training or Related CME Have you Completed?

Description of Training	Dates (from/through)

Signing below indicates that I am qualified to perform the services chosen on the checklist

Signature

Date
