

NC EMS PROTOCOL, PROCEDURES, AND POLICY MODIFICATION FORM

EMS System Name: _____
System Medical Director: _____
System Administrator: _____

Proposed Implementation Date: _____
Signature: _____
Signature: _____

DOCUMENTATION OF EMS SYSTEM PROTOCOLS (Check all that apply)

EMS System wishes to adopt recently revised NCCEP Protocol:

Protocol # _____	NCCEP Revision Date: _____	Protocol # _____	NCCEP Revision Date: _____
Protocol # _____	NCCEP Revision Date: _____	Protocol # _____	NCCEP Revision Date: _____
Protocol # _____	NCCEP Revision Date: _____	Protocol # _____	NCCEP Revision Date: _____
Protocol # _____	NCCEP Revision Date: _____	Protocol # _____	NCCEP Revision Date: _____
Protocol # _____	NCCEP Revision Date: _____	Protocol # _____	NCCEP Revision Date: _____

EMS System wishes to change/alter previously approved System Protocols ([attach one electronic copy for review](#)) ([See Note 1](#))

EMS System wishes to add additional protocol(s) to the previously approved System Protocols ([attach one electronic copy for review](#))

DOCUMENTATION OF EMS SYSTEM PROCEDURES (Check all that apply)

EMS System wishes to adopt recently revised NCCEP Procedure:

Procedure # _____	NCCEP Revision Date: _____	Procedure # _____	NCCEP Revision Date: _____
Procedure # _____	NCCEP Revision Date: _____	Procedure # _____	NCCEP Revision Date: _____

EMS System wishes to change/alter previously approved Procedure Documents ([attach one electronic copy for review](#)) ([See Note 1](#))

EMS System wishes to add additional procedures to the previously approved System Procedure Documents ([attach one electronic copy for review](#))

DOCUMENTATION OF EMS SYSTEM POLICIES (Check all that apply)

EMS System wishes to adopt recently revised NCCEP Policy:

Policy # _____	NCCEP Revision Date: _____	Policy # _____	NCCEP Revision Date: _____
Policy # _____	NCCEP Revision Date: _____	Policy # _____	NCCEP Revision Date: _____

EMS System wishes to change/alter previously approved System Policy Documents ([attach one electronic copy for review](#)) ([See Note 1](#))

EMS System wishes to add additional policies(s) to the previously approved System Policy Documents ([attach one electronic copy for review](#))

Note 1: A cover letter listing a summary of all changes in protocols, procedures and policies must be included with form.