

TO BE COMPLETED BY PHYSICIAN

First Name	Middle Name	Last Name
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Email Address

CERTIFICATIONS

BLS <input type="checkbox"/> Yes <input type="checkbox"/> No	BLS Exp. Date / /	ACLS <input type="checkbox"/> Yes <input type="checkbox"/> No	ACLS Exp. Date / /
ATLS <input type="checkbox"/> Yes <input type="checkbox"/> No	ATLS Exp. Date / /	ABLS <input type="checkbox"/> Yes <input type="checkbox"/> No	ABLS Exp. Date / /
PALS <input type="checkbox"/> Yes <input type="checkbox"/> No	PALS Exp. Date / /	NRP <input type="checkbox"/> Yes <input type="checkbox"/> No	NRP Exp. Date / /

SCOPE OF PRACTICE

- Do you feel comfortable covering Level I trauma setting? Yes No
- Do you feel comfortable covering Level II trauma setting? Yes No
- Do you feel comfortable covering Level III, usually rural setting? Yes No

Trauma Level I - Major trauma with in-house anesthesia coverage 24-hours a day; surgical, radiologic and other specialty consultation readily available

Trauma Level II - EM physician in-house 24 hours per day with specialty consultation available within 30 minutes

Trauma Level III - EM coverage available within 30 minutes (usually covered by community physician)

- Management and treatment of medical emergencies including cardiac arrest/failure, respiratory arrest/failure, sepsis, metabolic disorders including DKA, acute GI bleeding, etc.
- Stabilization and initial treatment of single or multiple traumas including blunt or penetrating injuries of the head, chest, abdomen, etc., spinal cord injuries, drowning, soft tissue injuries including the eyes, fractures, dislocations, etc.
- Stabilization and initial treatment of OB emergencies including: precipitous delivery, hemorrhage, ectopic pregnancy, spontaneous incomplete abortion
- Management and treatment of psychiatric emergencies including: acute psychosis and overdose
- Management and treatment of thermal injuries including burns, electrocution, and hypo/hyperthermia
- Management and treatment of pediatric emergencies not categorized in the above areas

ABEM Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date first certified / /	Date most recently re-certified / /
ABEM Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date first became eligible / /	Written Exam: Expected date of completion / /
		Oral Exam: Expected date of completion / /
AOBEM Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date first certified / /	Date most recently re-certified / /
AOBEM Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date first became eligible / /	Written Exam: Expected date of completion / /
		Oral Exam: Expected date of completion / /

Please list any procedures customary to your specialty training that you are not comfortable performing:

WORK HISTORY

1.	Hospital Name			
	Dates of Affiliation (mm/yyyy) From: / /		To: / /	
	Trauma Level Rating* (or equivalent)	Annual Volume	% Adult	% Peds
	Total EM Hours Logged	Physician Coverage S/D/T+		
2.	Hospital Name			
	Dates of Affiliation (mm/yyyy) From: / /		To: / /	
	Trauma Level Rating* (or equivalent)	Annual Volume	% Adult	% Peds
	Total EM Hours Logged	Physician Coverage S/D/T+		
3.	Hospital Name			
	Dates of Affiliation (mm/yyyy) From: / /		To: / /	
	Trauma Level Rating* (or equivalent)	Annual Volume	% Adult	% Peds
	Total EM Hours Logged	Physician Coverage S/D/T+		
4.	Hospital Name			
	Dates of Affiliation (mm/yyyy) From: / /		To: / /	
	Trauma Level Rating* (or equivalent)	Annual Volume	% Adult	% Peds
	Total EM Hours Logged	Physician Coverage S/D/T+		
5.	Hospital Name			
	Dates of Affiliation (mm/yyyy) From: / /		To: / /	
	Trauma Level Rating* (or equivalent)	Annual Volume	% Adult	% Peds
	Total EM Hours Logged	Physician Coverage S/D/T+		

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Trauma Level II - EM physician in-house 24 hours per day with specialty consultation available within 30 minutes
Trauma Level III - EM coverage available within 30 minutes (usually covered by community physician)

DISCLAIMER

The information I have given is true and accurate to the best of my knowledge. By signing below I hereby authorize Advantage Locums, LLC to release this Emergency Medicine Clinical Capabilities Checklist to facilities of Advantage Locums, LLC in relation to consideration of my employment.