

**12 AAC 40.370. SCOPE OF AUTHORIZED ACTIVITIES.** (a) A licensed mobile intensive care paramedic, when under the supervision of a sponsor physician, may perform the activities listed in this subsection. The direct supervision of an activity may be delegated to another physician when the mobile intensive care paramedic is caring for a patient in a hospital, at the scene of a medical emergency when voice contact is monitored by a physician and direct communication is maintained, or when under the specific written standing order of a physician. The activities are

- (1) electrocardiographic monitoring and defibrillation;
- (2) initiating and maintaining intravenous routes using approved intravenous techniques and solutions;
- (3) performing endotracheal intubation and pulmonary ventilation by approved methods;
- (4) performing gastric suction by intubation;
- (5) obtaining blood for laboratory analysis;
- (6) administering parenterally, orally, or topically any approved agents or solutions;
- (7) use of pneumatic antishock devices; and
- (8) performing other emergency procedures authorized by a sponsoring physician.

(b) A person enrolled in a mobile intensive care paramedic training program may perform the activities set out in (a) of this section insofar as:

- (1) the activities are required as part of the training program;
- (2) the activities that take place in a hospital are supervised by a physician, physician assistant, or nurse; and
- (3) the activities that take place outside a hospital are supervised by a licensed mobile intensive care paramedic, or a physician sponsor, or the physician sponsor's designee.

(c) While functioning as an intern in Alaska, a person may not perform the activities listed in (a) of this section for more than 480 hours, or for more than six calendar months, without becoming licensed as a mobile intensive care paramedic by the board.

(d) The scope of authorized activities for a mobile intensive care paramedic does not include primary patient care, such as dispensing nonemergency medications, performing physical examinations for nonemergency purposes, and treatment of nonemergency medical conditions included in the scope of practice for a physician, physician assistant, or nurse, unless specifically authorized by the board.

**Authority:** AS 08.64.100 AS 08.64.107



# ALASKA STATE MEDICAL BOARD

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business, and Professional Licensing  
(333 Willoughby Avenue - Ninth Floor)  
Post Office Box 110806 Juneau AK 99811-0806  
A - K: 907/465-2756 L - Z : 907/465-2541  
E-mail: license@commerce.state.ak.us

# MICP

For Office Use Only

## CHANGE or ADDITION OF PARAMEDIC PHYSICIAN SPONSOR

- Change of Sponsor Physician
- Addition of Sponsor Physician

**12 AAC 40.315. SPONSORSHIP.** (a) A person licensed as a mobile intensive care paramedic shall immediately report to the board, in writing, any change of sponsorship.  
(b) When a sponsor withdraws sponsorship of a mobile intensive care paramedic, the paramedic is not authorized to practice until a new physician sponsor is approved by the board.

**Paramedic:** Please type or print legibly. Please complete the upper portion of this form and forward to the new physician sponsor who is assuming the role of sponsorship for you.

Paramedic Name \_\_\_\_\_ Employer Name \_\_\_\_\_  
Address \_\_\_\_\_ Work Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ License No. \_\_\_\_\_ Employer's Telephone \_\_\_\_\_  
Scope of Duties: \_\_\_\_\_  
✓ Paramedic Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICIAN SPONSOR:** As indicated by my signature below, I acknowledge and confirm that I am assuming responsibility as physician sponsor for the paramedic identified above in accordance with 12 AAC 40.315.

✓ \_\_\_\_\_  
Signature, Supervising Physician  
\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
License Number \_\_\_\_\_  
Mailing Address :  
\_\_\_\_\_  
Street/PO Box  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
Daytime Telephone \_\_\_\_\_

NOTARY:  
SUBSCRIBED AND SWORN before me, a Notary Public, in and for the state of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

(Notary Seal)