Additional Scope of Practice (SOP) to be Provided

Proposer Name:			
Prepared By:		**Preparer's Title:**	
Signature:		**Date:**	

Proposer shall **list additional SOP they are proposing to provide** in accordance the Los Angeles County Scope of Practice (Skills, procedures, and medication administration approved by the Los Angeles County EMS Agency Medical Director). When applicable, the proposer shall be responsible for notifying the Los Angeles County EMS Agency. **(attached additional pages if more space is needed)**

Refer to: Appendix 2: Los Angeles County EMT Scope of Practice
Appendix 3: Los Angeles County Paramedic Scope of Practice

EMS Provider Classification	Details of **approved** additional scope of practice (included but not limited to administration of over-the counter medication, therapies, etc.)
EMT	
Paramedic	