



Fire departments' officially designated physicians may delegate their authority to perform medical examinations and to sign documentation of the results and findings of such examinations, to nurse practitioners or physician's assistants in their employ.

In such cases, the physician should create an official delegation of authority document, using the template below, and sign it.

Fire Departments supplying medical forms for admission to NFPA 1001 Fire Fighter I – II courses should present a copy of this authority delegation with **each applicant's** medical examination form that has been signed by a nurse practitioner or physician's assistant. (The delegation form is not necessary if the physician signs the medical examination form.)

Mississippi Fire Personnel Minimum Standards and Certification Board

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<https://apps.mid.ms.gov/minstanddiv.html>

601-932-2444

MEDICAL PROVIDER LETTERHEAD

MEMORANDUM

DATE

FROM: *(name of fire dept. officially designated physician)*

TO: *(name of NP/PA receiving delegation of authority)*

SUBJECT: Delegation of Authority to Perform and Sign Medical Evaluations for Candidates and Members of the _____ Fire Department

1. Reference: Chapter 4, National Fire Protection Association (NFPA) 1582 (Comprehensive Occupational Medical Program for Fire Departments).

2. DOCTOR'S NAME am a duly licensed physician within the State of Mississippi. NP'S NAME is a duly licensed Nurse Practitioner in the State of Mississippi, who operates under my authority and supervision.

3. I delegate authority to NP's NAME to perform medical evaluations for candidates and members of _____ Fire Department, including the authority to sign documentation of the results and findings for such evaluation.

4. This delegation shall be effective for the duration of my time as the officially designated physician for _____ Fire Department and while NAME OF NP is working under my authority and supervision, or until withdrawn by me in writing. This authority may not be delegated further.

5. Point of Contact for this memorandum is _____, at (telephone #).

(SIGN)

INSERT NAME OF MD/DO