

[Please print on healthcare institution's letterhead] [Date]

Singapore Medical Council (Registration and Supervised Practice Divisions)**Secretariat of healthcare Professional Boards (SPB)**

Dear Sir/Madam

**EMERGENCY AMBULANCE SERVICE (EAS) / MEDICAL TRANSPORT SERVICE (MTS)
CREW LEADER AT <NAME OF INSTITUTION>**

1. The list of the conditionally registered ("**C-reg**") doctors selected to be EAS/MTS* crew leaders at <Name of Institution> is as follows:

S/N	Full Name of C-reg Doctors	MCR number of C-reg Doctors	Level of Supervision	Name of employer	Please indicate whether Ambulance doctor will be deployed as EAS / MTS crew leader or Both
<i>E.g - 1</i>	<i>John Lee</i>	<i>M12345R</i>	<i>2</i>	<i>ABC</i>	<i>EAS only</i>
<i>E.g. – 2</i>	<i>Jane Doe</i>	<i>M45678T</i>	<i>3</i>	<i>XYZ</i>	<i>EAS & MTS</i>

2. We confirm that these selected C-reg doctors have practised for at least 6 months¹ (full-time as a medical officer under conditional registration) in at least one of the following departments: i) Anaesthesiology ii) Emergency Medicine iii) General Surgery iv) Intensive Care Medicine v) General Medicine
3. We have assessed the competency of these selected C-reg doctors and identify them to be competent to be EAS/MTS* crew leaders. We certify that they are clinically competent to perform the role of EAS/MTS* crew leader.
4. We have reminded the identified C-reg doctors to **only** operate as EAS/MTS* crew leaders on Emergency Ambulance / Medical Transport* vehicles licensed under our Healthcare Institution or Private Ambulance Operator engaged by our Healthcare Institution, and not in any other HCIs or PAOs ambulances, as their conditional registration is tied to our institution's employment.

¹ A combination of full-time practice at any of the 5 departments listed at paragraph 2 i)-v) is also allowed as long as the total duration of the combined postings adds to at least 6 months.

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<Sign off for Clinical Governance Officer (CGO)² of EAS/MTS*>
<Full name of CGO>
Clinical Governance Officer
<Institution name>

OR

<Sign off for Chairman Medical Board (CMB)³>
<Full name of CMB>
Chairman Medical Board
<Institution name>

AND

<Sign off for Clinical Governance Officer (CGO) of Private Ambulance Operator (PAO) providing EAS/MTS⁴>
<Full name of CGO>
Clinical Governance Officer
<Private Ambulance Operator's name>

**Please delete accordingly*

² For healthcare institutions that have their own Emergency Ambulance Service (EAS) fleet/HCSA EAS licence and/or Medical Transport Service (MTS) fleet/HCSA MTS licence.

³ For healthcare institutions that do not have their own EAS fleet/HCSA EAS licence and/or MTS fleet/HCSA MTS licence and thus do not have a CGO for EAS/MTS licence and are engaging private ambulance operator; OR if the HCI/PAO's MTS CGO is a Registered Nurse.

⁴ For healthcare institutions that do not have their own EAS fleet/HCSA EAS licence and/or MTS fleet/HCSA MTS licence and are engaging private ambulance operator (PAO) to provide EAS/MTS, to ensure that the PAO's EAS/MTS CGO co-signs the form.