**Request for authority to practice USAR Medicine**

INSERT TEAM LOGO

[DATE]

[USAR TEAM NAME] requests clear acceptance to practice USAR medicine while responding to the impacts of [INCIDENT NAME] in [AFFECTED COUNTRY NAME].

USAR teams have, as an essential function, medical components that are integral to the overall team mission. To be fully successful in contributing to the team mission, the USAR medical component must be capable of practicing medicine, within the scope of USAR activities, in the impacted country.

Delivery of emergency medical care to patients while they are still entrapped in collapsed structures is *an essential humanitarian activity* as disentanglement and rescue can take many hours. The rescue process itself can pose a risk to patients and medical intervention is required to prevent adverse impacts during and after the rescue process. In addition, assisting with the medical evacuation of patients to more definitive levels of care is anticipated in this mission.

[USAR TEAM NAME] from [DONOR COUNTRY NAME] is capable of providing the following:

* Care of individuals entrapped in the rubble
* Medical treatment of victims encountered in the field during search and rescue operations and assistance with transportation to medical facilities
* Care of USAR team members in the often austere field environment (to include the team search dogs)
* Other tasks as indicated and requested by the LEMA. These tasks are often referred to as “beyond the rubble” and are to be distinguished from the role of Emergency Medical Teams (EMTs).

*In seeking the ability to practice USAR medicine, [DONOR COUNTRY NAME] is requesting [AFFECTED COUNTRY NAME] provide temporary permission from the Ministry of Health or other relevant authority to practice USAR medicine for the duration of the deployment*.

Full medical licensure documents can be provided prior to deployment of the medical individuals who will be deploying as part of the USAR team.

If [AFFECTED COUNTRY] agrees to the above, please indicate level of acceptance through the most appropriate means (e.g. email, formal letter of reciprocity provided, etc.).

SIGNATURE BLOCK