MEDICAL DIRECTOR AGREEMENT

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 60210 (08/2012)

INSTRUCTIONS: This form may be completed electronically or by hand. This form must be completed upon ambulance licensure or anytime there is a change / addition in medical direction.Once completed please print, sign and mail or fax it to the address listed below. A current medical director agreement must be on file for each service at all times. All ALS personnel license applications, etc. must be signed by the medical director on record with DEMST or they will be returned.

PHYSICIAN MEDICAL DIRECTOR

First Name		Last Name	MI
Street Address / PO Box		City	
State	ZIP Code	Telephone Number	
ND License Number			
Name of Ambulance Service			

I, the above-named physician, agree to function as Physician Medical Director for the above-named Ambulance Service, its associated substation units and/or Quick Response Unit(s). As Medical Director I understand that I am responsible for all patient care standards associated with the above named ambulance service and its associated substation(s) and/or Quick Response Unit(s). The emergency medical services personnel working either as volunteers or as compensated employees for these services are acting as my designated agents when providing patient care. It is my duty to assure that a system for quality improvement is developed and implemented. I will provide input on training issues and provide online medical direction when necessary.

The expiration date of this agreement will coincide with the expiration date of the ambulance or may be terminated upon written notification to the Division of Emergency Medical Service and Trauma.

- ☐ Remove previous medical director from service roster.
- ☐ Add to service roster as additional medical director.

Medical Director Signature	Date

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
600 E. BOULEVARD AVE. DEPT 301
BISMARCK, ND 58505-0200
dems@nd.gov
Fax: 701.328.1702

Print Form