

EMS Agency Medical Director Agreement

(As defined in the EMS Systems Act (37))

I, the undersigned physician, represent that I satisfy the criteria to serve as an EMS Agency Medical Director, and agree to perform the duties of an EMS Agency Medical Director for the following EMS Agency.

Name

(Emergency Medical Services Agency)

(Address)

(City)

(State)

(Zip Code)

Affiliate # _____

Qualifications:

I am approved as an Agency Medical Director in _____

(Region)

Must meet the following:

1. Be a physician
2. Satisfy one of the following:
 - i. Have successfully completed an emergency medicine residency program accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.
 - ii. Have successfully completed a residency program in surgery, internal medicine, family medicine, pediatrics or anesthesiology, accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of

Osteopathic Medicine. The physician shall also have successfully completed or taught the ACLS course within the preceding 2 years and have completed, at least one, the ATLS course and PALS course or APLS course, or other programs determined by the Department to meet or exceed the standards of these programs.

- iii. Have served as an ALS medical director under the Emergency Medical Services Act (35 P.S. §§6921 – 6938) (repealed by the act of August 18, 2009 (P.L. 308, No. 37)) prior to February 16, 2010.
- 3. Have a valid Drug Enforcement Agency number.
- 4. Have completed an EMS agency medical director training course or an EMS fellowship or other EMS training program that is determined by the Department to be equivalent. This training shall ensure that the EMS agency medical director has knowledge of:
 - i. The scope of practice of EMS providers
 - ii. The provision of EMS under Statewide EMS protocols
 - iii. The interface between EMS providers and medical command physicians
 - iv. Quality improvement and peer review principles
 - v. Emergency medical dispatch and EMS agency communication capabilities
 - vi. EMS system design and operation
 - vii. Federal and State laws and regulations regarding EMS
 - viii. Regional and State mass casualty and disaster plans
 - ix. Patient and EMS provider safety principles

Supporting documentation **MUST** be attached to this agreement.

I agree that I will provide the EMS Agency with 30 days notice prior to terminating this agreement, and it must be renewed upon re-licensure of the EMS agency.

Signature of Physician

Printed Name of Physician

Medical License Number

Expiration Date

Chief Officer of EMS Agency

Date