

MEDICAL DIRECTOR'S AGREEMENT

I, the undersigned physician, represent that I satisfy the criteria to serve as an ALS Ambulance Service Medical Director and agree to perform the duties for the following ALS ambulance service:

Name of Ground or Air Ambulance Service

AFFILIATE # _____

Address _____

City _____

State _____

Zip _____

- **Qualifications:**

I am an approved medical command physician in _____

Region

or meet the following requirements:

1. Hold a valid unrestricted license as a physician in Pennsylvania.
2. Satisfy one of the following:
 - a. Completed three (3) years in a residency program in emergency medicine.
 - b. Served as a medical command physician in this Commonwealth prior October 14, 2000, the date of the amended regulations.
 - c. Successfully completed or taught the ACLS course within the preceding two (2) years and have completed, at least once, the ATLS course, and either an APLS or PALS course, or other programs determined by the Department to meet or exceed the standards of these programs.
3. Have completed the continuing medical education credits required for membership in the American Medical Association or its equivalent.
4. Be a full-time emergency physician or practice emergency medicine for at least half time of a full-time medical practice.
5. Possess a valid Drug Enforcement Agency (DEA) number.
6. Have completed the Medical Command Course.

I accept the following responsibilities associated with being an ALS service medical director:

1. Providing medical guidance to the ALS ambulance service, including:
 - a. Reviewing the Statewide BLS medical protocols and the EMS regional transfer and medical treatment protocols, and ensuring that the services personnel are familiar with them and amendments and revisions thereto.
 - b. Providing guidance to the ALS ambulance service with respect to the ordering, stocking and replacing of drugs, and compliance with laws and regulations impacting upon the ambulance service's acquisition, storage and use of those drugs.
 - c. Participating in the regional and statewide quality improvement planning, including continuous quality improvement reviews of patient care and the services interaction with the regional EMS system quality improvement programs.
 - d. Recommending to the relevant regional EMS council, when appropriate, specific transfer and medical treatment protocols for inclusion in the regional transfer and medical treatment protocols.
2. Granting, denying or restricting medical command authorization to members of the ALS ambulance service's pre-hospital personnel who require this authorization, and participating in appeals from decisions to deny or restrict medical command authorization in accordance with §1003.28 of the rules and regulations, relating to medical command authorization.
3. Performing medical audits of patient care provided by the ALS ambulance service's pre-hospital personnel.

I agree that I will provide the ALS ambulance service with 30 days written notice prior to terminating this agreement. I understand that this agreement must be renewed upon re-licensure of the service.

Signature of Medical Director

License Number

Printed Name of Medical Director

DEA Number

Date of Agreement