

## MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES

State Office of Commercial Ambulance Licensing and Regulation

653 West Pratt Street, Baltimore, MD. 21201 Office: (410) 706-8511 mail: SOCALR@miemss.org

## QUALITY ASSURANCE OFFICER DESIGNATION FORM

Date:	Commercial Service License #	<u>:</u>
Company Name:		
Company Address:		
	Mailing Address	
City	State	Zip Code
Office Phone #:	Office Fax #:	
Name:		
Last	First	Middle
E-Mail Address:		
	QA Officer Course? Yes No Whe	rel: EMT CRT Paramedic
Successfully completed a	QA Officer Course? Yes No Whe	en:
Successfully completed a Signature:		en:
Successfully completed a Signature:	QA Officer Course? Yes No Whe	en:
Successfully completed a Signature:	QA Officer Course? Yes No Whe	en:
Successfully completed a  Signature:  TY ASSURANCE OFFICER.  A. Each EMS operational program shall  3. Qualifications of an EMS operational  (1) Be certified or licensed	QA Officer Course? Yes No Whe	Date:  nce with the EMS operational program medical directors
Successfully completed a  Signature:  TY ASSURANCE OFFICER.  Each EMS operational program shall Qualifications of an EMS operational (1) Be certified or licensed (2) Either: (a) Successfull	QA Officer Course? Yes No When the QA Officer Signature  COMAR 30.03.04.08  designate a Quality Assurance (QA) Officer in concurred program Quality Assurance Officer. An EMS operations as an EMT-B, CRT or EMT-P in Maryland; by complete a QA officer course as defined by MIEMSS.	Date:  nce with the EMS operational program medical directe al program Quality Assurance Officer shall:  within six months of designation; or
Successfully completed a  Signature:  TY ASSURANCE OFFICER.  Leach EMS operational program shall (1) Be certified or licensed (2) Either:  (a) Successfull (b) Have been (3) Successfully complete a	QA Officer Course? Yes No When the QA Officer Signature  COMAR 30.03.04.08  designate a Quality Assurance (QA) Officer in concurred program Quality Assurance Officer. An EMS operations as an EMT-B, CRT or EMT-P in Maryland;  ly complete a QA officer course as defined by MIEMSS serving as a Quality Assurance Officer for an EMS operations and Quality Assurance Officer continuing education course	nce with the EMS operational program medical directer al program Quality Assurance Officer shall: within six months of designation; or ational program for a period of at least 5 years; and annually.
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Successfully completed a  Signature:  TY ASSURANCE OFFICER.  Each EMS operational program shall Qualifications of an EMS operational (1) Be certified or licensed (2) Either:  (a) Successfull (b) Have been (3) Successfully complete a Duties of an EMS operational program (1) Implementing the EMS (2) Serving as a member of (3) Internal audits of medic (4) Remedial action plans for (5) Tracking and investigati (6) Completing reports to Medical action plans for the completion of the	QA Officer Course? Yes No When Commentary Commentary (QA) Officer Signature  COMAR 30.03.04.08  designate a Quality Assurance (QA) Officer in concurred program Quality Assurance Officer. An EMS operations as an EMT-B, CRT or EMT-P in Maryland;  ly complete a QA officer course as defined by MIEMSS serving as a Quality Assurance Officer for an EMS operational ground the Commentary (QA) Officer. A. The EMS operational program QA officer operational program quality assurance plan under Regula The EMS operational program Medical Review Committed records and field evaluations to develop strategies for our individual medical practice and system variances as discourse of the EMS operational program of the EMS operational program Medical Review Committed and the Commentary of the EMS operational program	nce with the EMS operational program medical directal program Quality Assurance Officer shall: within six months of designation; or ational program for a period of at least 5 years; and annually. icer shall be responsible for: ation .02 of this chapter; inprovement; rected by the Medical Review Committee;

## MEDICAL DIRECTOR'S APPROVAL

I have reviewed the above COMAR Regulation for Quality Assurance Officer and do hereby affirm that the above person meets the Qualifications and is authorized to perform all duties as defined in COMAR 30.03.04.08 in addition to our company's individual Quality Assurance Plan.		
Signature:	Medical Director's Signature	_ Date: