MEDICAL DIRECTOR AGREEMENT

I, the undersigned physician, acknowledge that I have received and reviewed copies of the: (a) Commercial Ambulance Services regulations (COMAR 30.09); (b) Emergency Medical Services Operational Programs regulations (COMAR 30.03) and; (c) "Maryland Medical Protocols for Emergency Medical Providers", which is a document incorporated by reference in Title 30. I further attest that I meet the qualifications of an EMS Operational Program Medical Director as stated in COMAR 30.03.03.03B and agree to serve as Medical Director for: _____ upon its licensure as a(n) _____ commercial ambulance service in accordance with the requirements of COMAR 30.09.

Furthermore, I agree to assume the following physician responsibilities as outlined in COMAR 30.03.03, including:

(a) Medical oversight of patient care, (COMAR 30.03.03C(1)(a)).

(b) Approve, participate in and provide medical expertise for the commercial ambulance service in:

(i) A comprehensive quality assurance plan covering all aspects of EMS patient care (COMAR 30.03.03C(1)(b)(i));

(ii) Standard operating procedures for the EMS operational program under the "Maryland Medical Protocols for Emergency Medical Providers" (COMAR 30.03.03C(1)(b)(ii));

(iii) Credentialing of EMS providers (COMAR 30.03.03C(1)(b)(iv));

(iv) Review and approval of medical equipment used by the commercial ambulance service (COMAR 30.03.03C(1)(b)(v)); and

(v) All aspects of the commercial ambulance service operations which impact patient care, including planning, development and operations (COMAR 30.03.03C(1)(b)(vi)).

(c) Timely approval of applications to MIEMSS for licensure and certification and renewal of licensure and certification for all EMS providers affiliated with the above named commercial ambulance service, (COMAR 30.03.03C91)(c)).

(d) Provider training including:

(i) remedial and continuing educational programs (COMAR 30.03.03C(1)(iii)); and

(ii) skills review which meets the provider recertification and relicensing requirements (COMAR 30.09.07.02E(2)).

(d) Review patient care disciplinary matters concerning EMS providers working for the commercial ambulance service. (COMAR 30.03.03C(1)(d)).

I agree to notify the State Office of Commercial Ambulance Licensing and Regulation of any change in address or telephone number and to notify the State Office of Commercial Ambulance Licensing immediately upon termination of my status as Medical Director for the above named service, as required in COMAR 30.09.

I acknowledge that all medical direction to the EMS providers of the above named commercial ambulance service, shall be in accordance with the "Maryland Medical Protocols for Emergency Medical Services Providers" (COMAR 30.03.03.02).

Maryland Physician License # _____ (or attach copy of license.)

_____ _____

(Printed Name of Medical Director) (Phone Number)

_____ _____

(Fax Number)

_____

(Mailing Address)

_____ _____

(Medical Director's Signature) (Date)

***This agreement expires at the end of the service year. A new agreement must be submitted with each renewal application.**