

Please identify the NYS Licensed physician medical director (hereinafter referred to as medical director) providing continuous quality improvement and quality assurance and medical oversight to your agency. The service medical director must comply with New York State Department of Health Policy Statement 11-03 Re: Providing Medical Direction.

If your agency has more than one medical director, submit a separate medical director verification for each service medical director and indicate which of your operations apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records via the Division of State EMS portal found on the division forms page.

Agency Name _____

Agency Code Number _____ Agency Type Ambulance ALSFR BLSFR

Agency CEO _____
Name

Medical Director _____
Name Email Address

NYS Physician's License Number Phone Number

Highest Level of Care CFR (BLS FR Only) EMT AEMT Critical Care Paramedic

- Defibrillation / PAD Epinephrine Autoinjector or Syringe Albuterol
- Blood Glucometry Intranasal Naloxone Ipratropium
- 12 Lead ECG Supraglottic Airway Continuous Positive Airway Pressure (CPAP)
- Ambulance Transfusion Service (ATS)

Controlled Substances (BNE License on File)

Ambulance/ALSFR Agency Controlled Substance License Number, If Applicable **0 3 C** - _____

Ambulance/ALSFR Agency Controlled Substance License Expiration Date _____

I affirm that I am the Physician Medical Director for the above listed EMS Agency. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this agency. This includes medical oversight on a regular and on-going basis, in-service training and review of Agency policies that are directly related to medical care.

I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this Agency.

If the service I provide oversight to is not a certified EMS agency and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4135) and a completed Collaborative Agreement with its Regional EMS Council.

Medical Director _____
Signature License Number

Date of Signature Email