

# BLS Ambulance Service Medical Director's Agreement

**Check all that apply:**

- Automatic External Defibrillator
- Pulse Oximetry
- Epinephrine Auto-injector
- BLS CPAP
- Hemostatic Agent

I, The undersigned Physician, Agree to perform the duties for the following BLS Ambulance Services:

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(Name of BLS Service)

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(Address)

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(City)

(State)

(zip)

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AFFILIATE #

**Qualifications:**

1. Hold a Currently registered license as a physician in Pennsylvania.
2. Posses a valid Drug Enforcement Agency (DEA) number.

Roccomend but not required:

1. Has completed 3 years in a resiidency program in emergency medicine or:  
ACLs Certified: \_\_\_\_\_ Expiration date: \_\_\_\_\_

For informational purposes:

Is the BLS Medical Director ATLS Certified? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Responsibilities:

I accept the following responsibilities associated with being a BLS service medical director for the above referenced service. My duties and responsibilities will include, but are ntot limited to the following:

1. Provide liaison with the medical community and other organizations.

2. Provide approved training and interpretation on the use and application of the AED, Pulse Oximetry, Epinephrine Auto-Injector, BLS CPAP and/or Hemostatic Agent
3. Develop, review and approval of all service operations relevant to patient care.
4. Participate in the development and implementation of quality improvement activities recommended by the regional council and the PA Department of Health, in connection with the above referenced service.
5. Performing medical audits of patient care provided by the BLS ambulance service's prehospital personnel.
6. If approving Service for BLS CPAP; Pulse Oximetry must also be approved.
7. Provide 30 Days written notification to the regional council regarding his/her intention to resign as medical director of the above referenced service.

I Understand that this agreement must be renewed upon relicensure of the ambulance service.

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Signature of Physician

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Printed Name of Physician

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Medical License #

DEA #

Initial each type of service you will be responsible for as the BLS service medical director:

\_\_\_\_\_ AED

\_\_\_\_\_ Pulse Oximetry

\_\_\_\_\_ Epinephrine Auto-Injector

\_\_\_\_\_ BLS CPAP

\_\_\_\_\_ Hemostatic Agent

Revised: November 2008