



This form must be completed at any time a change or addition of medical director is made. All ALS personnel license applications must be signed by the medical director on record, or they will not be processed. A current medical director agreement must be on file for each service at all times.

**PHYSICIAN MEDICAL DIRECTOR INFORMATION**

First Name		Last Name	MI
Street Address / PO Box			
City	State	ZIP Code	
ND License Number	Expiration Date	Telephone Number	
Name of Ambulance Service		Ambulance Service License Number	

I, the above-named physician, agree to function as Physician Medical Director for the above-named ambulance service, its associated substation units, and/or quick response unit(s). As Medical Director I understand that I am responsible for all patient care standards associated with the above-named ambulance service and any associated substation(s) and/or quick response unit(s). The emergency medical services personnel working either as volunteers or as compensated employees for these services are acting as my designated agents when providing patient care. It is my duty to ensure that a system for quality improvement/quality assurance is developed and implemented. I will provide input on training issues and provide online medical direction when necessary.

The expiration date of this agreement will coincide with the expiration date of the ambulance license or may be terminated upon written notification to the Emergency Medical Systems by the listed ambulance service or myself.

Medical Director Signature	Date
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If this is a change/addition of medical director check one of the boxes below:

<input type="checkbox"/> Remove previous medical director from service roster.
<input type="checkbox"/> Keep previous medical director on service roster and add as an additional medical director.

This form may be completed and mailed to:  
North Dakota Department of Health and Human Services  
Emergency Medical Systems Unit  
1720 Burlington Dr – Suite A  
Bismarck ND 58504-7736

You may also submit the completed form via  
e-mail to [dems@nd.gov](mailto:dems@nd.gov) or via fax at 701-328-0357.

Our website is: [www.health.nd.gov](http://www.health.nd.gov)

For questions, call our office at 701-328-2388 or e-mail us at [dems@nd.gov](mailto:dems@nd.gov).