



This form must be completed with each ambulance licensure renewal application or at any time a change or addition of medical director is made. All ALS personnel license applications, etc. must be signed by the medical director on record or they will be returned. A current medical director agreement must be on file for each service at all times.

**PHYSICIAN MEDICAL DIRECTOR**

First Name		Last Name		MI
Street Address / PO Box			City	
State	ZIP Code	Telephone Number		
ND License Number			Expiration Date	
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 ambulanceservice 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 assure that a system for quality improvement / quality assurance is developed and implemented. I will provide input on training issues and provide on-line medical direction when necessary.

The expiration date of this agreement will coincide with the expiration date of the ambulance licenser or may be terminated upon written notification by the listed ambulance service or by myself to the Emergency Medical Systems unit of the Department of Health and Human Services.

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  
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).