EMS AGENCY SQUAD LEADER AGREEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
EMERGENCY MEDICAL SYSTEMS
(10-2022)

This form must be completed upon ambulance licensure or anytime there is a change in squad leader. A current squad leader agreement must be on file for each service at all times.

SERVICE SQUAD LEADER

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

I, the above-named EMS professional, agree to function as Squad Leader for the above-named Ambulance Service, its associated substation units and/or Quick Response Unit(s). As Squad Leader I understand that I am responsible for ensuring compliance with all rules and regulations in regards to ambulance licensure requirements for the above named ambulance service and its associated substation(s)and/or Quick Response Unit(s). It is my duty to maintain updated service information with the Division of Emergency Medical Systems including updating the service address and contact information as well as service personnel and vehicle rosters as needed.

The expiration date of this agreement will coincide with the expiration date of the ambulance or may be terminated upon written notification to the Emergency Medical Systems unit of HHS.

Squad Leader Signature	Date

If this is a change/addition of squad leader, check one of the boxes below:

- ☐ Remove previous squad leader from service roster.
- ☐ Maintain previous squad leader on service roster, changing status to ‘service member’.
- ☐ Add new squad leader as an additional ‘co-squad leader’.

Signature of outgoing squad leader (or other authorized signature if unavailable)	Date
Title	Date

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 or via fax at 701-328-0357.

Our website is: www.health.nd.gov

For questions, call our office at 701-328-2388 or e-mail us at dems@nd.gov.