

**SAMPLE  
ALS AMBULANCE SERVICE MEDICAL DIRECTOR'S  
AGREEMENT**

I, the undersigned physician, represent that I satisfy the criteria to serve as an ALS ambulance service medical director and agree to perform the duties for the following ALS ambulance service:

---

(Name of Ground or Air Ambulance Service)

---

(Address)

---

(City)

(State)

(Zip)

AFFILIATE # \_\_\_\_\_

Qualifications:

I am an approved medical command physician in \_\_\_\_\_  
(Region)

or meet the following requirements:

1. Hold a currently registered license as a physician in Pennsylvania.
2. Satisfy one of the following:
  - a. Have completed 3 years in a residency program in emergency medicine.
  - a. Have served as a medical command physician in this Commonwealth prior October 14, 2000.
  - c. Have successfully completed or taught the ACLS course within the preceding 2 years and have completed, at least once, the ATLS course, and either an APLS or PALS course, or other programs determined by the Department to meet or exceed the standards of these programs. **(Copies of certificates and other proof must be submitted.)**
3. Have completed the continuing medical education credits required for membership in the American Medical Association or its equivalent, or be serving a graduate year III in a residency program in emergency medicine or a graduate year II in a residency program in emergency medicine with concurrent online supervision by an approved medical command physician.
4. Be a full-time emergency physician or practice emergency medicine for at least half time of a full-time medical practice.
5. Possess a valid Drug Enforcement Agency (DEA) number.
6. Have completed the Medical Command Course.

I accept the following responsibilities associated with being an ALS service medical director:

1. Providing medical guidance to the ALS ambulance service, including:
  - (a) Reviewing the Statewide medical protocols and the EMS regional transfer and medical treatment protocols, and ensuring that the ambulance service's personnel are familiar with them and amendments and revisions thereto.
  - (b) Providing guidance to the ALS ambulance service with respect to the ordering, stocking and replacing of drugs, and ensuring compliance with laws and regulations impacting upon the ambulance service's acquisition, storage and use of those drugs.
  - (c) Participating in the regional and Statewide quality improvement planning, including continuous quality improvement reviews of patient care and the ambulance service's interaction with the regional EMS system quality improvement programs.
  - (d) Recommending to the relevant regional EMS council, when appropriate, specific transfer and medical treatment protocols for inclusion in the regional transfer and medical treatment protocols.
  
2. Granting, denying or restricting medical command authorization to members of the ALS ambulance service's prehospital personnel who require this authorization, and participating in appeals from decisions to deny or restrict medical command authorization in accordance with §1003.28 of the Department of Health's regulations, relating to medical command authorization.
  
3. Performing medical audits of patient care provided by the ALS ambulance service's prehospital personnel.

I agree  
 that I will provide the ALS ambulance service with 30 days written notice prior to terminating this agreement. I understand that this agreement must be renewed upon relicensure of the ambulance service.

The ambulance service or the regional EMS council has provided me with copies of the following documents or I have made arrangements to secure them:

Emergency Medical Services Act and regulations adopted under the act.  
 Regional Medical Treatment/Transfer Protocols  
 Approved Drug List and any regional variances

---

Signature of Physician

---

Printed Name of Physician

---

Medical License #

DEA #

---

Date of Agreement

