



CHANGE IN ASSISTANT MEDICAL DIRECTOR

(For use **ONLY** when the program Medical Director or Associate Medical Director cannot legally provide supervision for **out-of-state** location(s) of the educational activities of the program; The sponsor must appoint an Assistant Medical Director.)

CoAEMSP Program Number:

**Sponsoring Institution/
Consortium Name:**

City: **State:** **Zip:**

ASSISTANT MEDICAL DIRECTOR STATUS

Effective Date of Change

Remove (Complete Former Assistant MD section only)

Replace (Complete BOTH sections and submit all items in the Required Documentation section)

Add Additional Only (Complete New Assistant MD section plus all items in the Required Documentation section)

FORMER ASSISTANT MEDICAL DIRECTOR

Name: **Credentials:**

NEW ASSISTANT MEDICAL DIRECTOR (Office Contact Only)

Name: **Credentials:**

Address:

City: **State:** **Zip:**

Email: **Phone:** **Fax:**

State License Number: **Expiration Date:**

Add'l State License Number (if applicable): **Expiration Date:**

Add'l State License Number (if applicable): **Expiration Date:**

Add'l State License Number (if applicable): **Expiration Date:**

Please Note: The Assistant Medical Director must 1) be a physician currently licensed and authorized to practice in the jurisdiction of the location of the student(s), with experience and current knowledge of emergency care of acutely ill and injured patients; 2) have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care; 3) be an active member of the local medical community and participate in professional activities related to out-of-hospital care; 4) be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions. **[Standard IIB4b] [see also Accreditation Policies XV]**

REQUIRED DOCUMENTATION (Submit All Items Together)

1. This completed form
2. Signed/dated Letter of Appointment/Acceptance form (CoAEMSP template)
3. CV with formal education/degrees & related exp.
4. Copy of the State License for **EACH** State the MD is licensed
5. Evidence of approval from **EACH** State Office of EMS where students will be placed

Email all items above to: **Lynn Caruthers at lynn@coaemsp.org**

