



## CHANGE/ ADDITION IN ASSOCIATE MEDICAL DIRECTOR

**CoAEMSP Program Number:**

**Sponsoring Institution/  
Consortium Name:**

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

### ASSOCIATE MEDICAL DIRECTOR STATUS

**Replacement      Additional Position      Effective Date:**

Please keep in mind, the same individual cannot simultaneously hold the position of Program Director and the position of Medical Director [Policy XVB].

### FORMER ASSOCIATE MEDICAL DIRECTOR (if replacing)

**Name:** **Credentials:**

### NEW ASSOCIATE 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 Associate Medical Director must 1) be a physician currently licensed and authorized to practice in the location of the program, 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 IIB3b] [see also Accreditation Policies XV]**

### REQUIRED DOCUMENTATION (Submit All Items Together)

1. This completed form
2. Signed/dated CoAEMSP Letter of Acceptance/Appointment Form
3. Copy of the State License for **EACH** State the MD is licensed
4. CV with formal education/degrees & related exp.

### SUBMISSION OF ALL REQUIRED DOCUMENTATION

**Email all items above to:**      Lynn Caruthers at [lynn@coaemsp.org](mailto:lynn@coaemsp.org)

