



CHANGE/ ADDITION IN ASSOCIATE MEDICAL DIRECTOR

CoAEMSP Program Number:

**Sponsoring Institution/
Consortium Name:**

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

ASSOCIATE MEDICAL DIRECTOR STATUS

Effective Date of Change

Remove (Complete Former Associate MD section only)

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

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

FORMER ASSOCIATE MEDICAL DIRECTOR

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 IIIB3b] [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

SUBMISSION OF ALL REQUIRED DOCUMENTATION

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

