

**EMERGENCY MEDICAL TECHNICIAN (EMT) COURSE  
MEDICAL DIRECTOR AGREEMENT**

**Responsibilities of Physician Medical Director**

(Responsibilities may be delegated to the EMT Course Coordinator per Medical Director's Request)

Physician Name:		
Mailing Address:		
City:	State:	Zip Code:

- Obtain approval from the hospital and/or ambulance services (providing clinical training) to initiate an Emergency Medical Technician Course (Ambulance Service Support Form and/or ER Director Support Form).
  
- Assure overall direction and coordination of the planning, organization, administration, periodic review, continued development and effectiveness of the program.
  
- Oversee that the course is conducted as outlined in the National EMS Education Standard.
  
- Oversee the quality of instruction and clinical experience.
  
- Oversee course compliance with all applicable OEMS policy and procedures.

As Physician Medical Director of the Emergency Medical Technician (EMT) course, I agree to the above mentioned responsibilities.

As the Physician Medical Director, I appoint \_\_\_\_\_, Course Coordinator for this EMT Course, to oversee the above mentioned responsibilities and report to me on any issues/concerns that arise during the duration of this EMT Course.

\_\_\_\_\_  
Signature of Physician Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
SD License Number

\_\_\_\_\_  
Signature of Course Coordinator

\_\_\_\_\_  
Date