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**REGIONAL EMERGENCY MEDICAL SERVICES ADVISORY  
COMMITTEE**

**SERVICE MEDICAL DIRECTOR APPLICATION FORM**

Physician Name: \_\_\_\_\_

Medical License Number: \_\_\_\_\_

Physician Board Certification:  Yes  No

Specialty: \_\_\_\_\_

**Physician Hospital Affiliation:**

- Auburn Memorial Hospital
- Cayuga Medical Center
- Community General Hospital
- Cortland Regional Hospital
- Crouse Hospital
- Oswego Hospital
- St. Joseph's Hospital
- Upstate Medical University
- Veteran's Administration Hospital
- Other \_\_\_\_\_

EMS Service Name: \_\_\_\_\_

**Level of Service:**

- ALS Ambulance
- ALS First Response
- ILS Ambulance
- ILS First Response
- BLS Ambulance
- BLS First Response

**Previous EMS Experience (Please List In Space Provided):**

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**Instructor Certifications (Please List In Space Provided):**

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*Please include a Curriculum Vitae (CV) or Resume with the application.*

**SERVICE MEDICAL DIRECTOR ORIENTATION CHECKLIST**

All items must be completed prior to REMAC consideration of Agency Medical Director Application.

Completion of CNYEMS Online Medical Control Program

Yes       No

Review of NYS DOH Bureau of EMS Policy Statement 03-07 "Providing Medical Direction"

Yes       No

Review of CNYEMS Policy and Protocol

Yes       No

Review of CNYEMS CQI Manual

Yes       No

**SERVICE MEDICAL DIRECTOR AGREEMENT**

The physician service medical director named above hereby agrees to:

1. Direct responsibility for the medical care provided by the certified EMS personnel for that EMS service.
2. Ensure that the qualifications of EMS personnel for that EMS service involved in patient care and dispatch are maintained on an ongoing basis through education, testing, and credentialing.
3. Active participation on, lending medical expertise to, and coordination of the service's quality improvement process, including the medical review of specific EMS calls, the evaluation of patient care, etc. Insures that the service is compliant with Central New York REMAC and NYS Department of Health EMS Bureau quality improvement requirements.
4. Act as the signatory physician for all medications/supplies requested by the service, and approved for prehospital use by CNYEMS, and/or the NYS DOH EMS Bureau.
5. Assist in the design and implementation of continuing medical education and other service based educational programs.
6. Serve as a resource for any medical aspects of agency related activities, policies, procedures, etc.

I, the undersigned, have reviewed all items listed in this application, and agree to fulfill the duties of Service Medical Director for the agency named above, as described in New York State Department of Health Bureau of Emergency Medical Services Policy Statement 03-07 – Providing Medical Direction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**CNYEMS Office Use Only:**

**Application Received:** \_\_\_\_\_

**REMAC Approval:**       Yes       No Reason: \_\_\_\_\_

**REMAC Chair Signature:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_