



**Kansas Board of Emergency Medical Services
MEDICAL DIRECTOR APPOINTMENT
EMS PROVIDER INFORMATION**

Name of Service	Service Permit #	License Type	County
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MEDICAL DIRECTOR INFORMATION

Name of Medical Director				Email Address	
Address: Street	City	State	Zip	Kansas License Number:	
Business Phone:		Fax:		Area of Specialty	
Appointment Period (if other than current licensing period) FROM: TO:				Is the medical director compensated? Yes <input type="checkbox"/> No <input type="checkbox"/>	

AGREEMENT:

- As Operations Medical Director, I will provide medical direction by reviewing, approving and monitoring the activities of the attendants pursuant to KSA 65-6126, KAR 109-1-2, and KAR 109-2-5(r). I have read and do hereby affirm that I understand and will abide by all requirements contained therein. My signature below indicates that I have read and authorize EMS attendants that appear on the Service's roster to function under the Service's medical protocols.**
- As Education Medical Director, I will provide medical direction through the review, approval and monitoring of education provided by the sponsoring organization pursuant to KAR 109-5-3, KAR 109-5-5, KAR 109-5-6, and KAR 109-11-1a. I have read and do hereby affirm that I understand and will abide by all requirements contained therein. My signature below indicates that I have read and authorize EMS educators to conduct trainings under the auspices of the Sponsoring Organization as named above.**

I am a physician licensed to practice medicine in Kansas and agree to serve as the medical director for the Emergency Medical Service identified above. This appointment is valid for at least the Service licensing period or, if assuming these responsibilities, from the date of signing and must be renewed in conjunction with the EMS Service permit renewal.

If I should decide to relinquish my role as Medical Director, I will notify the Kansas Board of Emergency Medical Services (KBEMS) and the EMS Provider/Sponsoring Organization in writing, not less than ten (10) calendar days prior to the termination of this agreement.

SIGNATURES

Owner or Authorized Agent: (Print)	Title	For KBEMS Use Only
Signature	Date	
EMS Medical Director: (Print)	Date	
Signature	Date	