



**EMERGENCY MEDICAL SERVICE PROVIDER  
BASIC LIFE SUPPORT (BLS) AND ADVANCED LIFE SUPPORT  
(ALS) MEDICAL DIRECTOR APPROVAL**

State Form 55588 (4-14)  
INDIANA DEPARTMENT OF HOMELAND SECURITY



**The duties and responsibilities of the medical director shall include, but not be limited to:**

1. Provide liaison between physicians, the medical community and the emergency medical service provider.
2. Assure that the appropriate equipment and supplies are available to the emergency medical service provider.
  - a. Basic Emergency Medical Technician (EMT)
  - b. Advanced Emergency Medical Technician (EMT)
  - c. Emergency Medical Technician (EMT) Intermediate
  - d. Emergency Medical Technician (EMT) Paramedic
3. Monitoring and evaluate the day to day medical operations of the emergency medical service provider organization.
4. Assist in the coordination and provision of continuing education programs of the emergency medical service provider organization.
5. Provide information concerning the operation of the emergency medical service provider organization.
6. Provide individual consultation to the emergency medical personnel affiliated with the emergency medical service provider organization.
7. Participate on the assessment committee for the audit and review of cases treated by the emergency medical personnel of the emergency medical service provider organization.
8. Attest to the competency of advanced emergency medical personnel affiliated with the advanced life support emergency medical service organization to perform skills required of the organization.
9. Establish protocols for automatic defibrillation, airway management, patient assisted medications and emergency medical technician-administered medications as approved by the commission for the emergency medical service provider organization.
10. Establish protocols for the advanced life support.
11. Establish and publish a list of medication, including minimum quantities and dosages to be carried on vehicle.

*(Check all levels that apply.)*

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| <input type="checkbox"/> Emergency Medical Responder (EMR)           | <input type="checkbox"/> Basic Emergency Medical Technician (EMT)        |
| <input type="checkbox"/> Advanced Emergency Medical Technician (EMT) | <input type="checkbox"/> Emergency Medical Technician (EMT) Intermediate |
| <input type="checkbox"/> Paramedic                                   | <input type="checkbox"/> Tactical Emergency Medical Support (TEMS)       |

This is to affirm that as Medical Director, I have reviewed and agree to accept the duties and responsibilities as described and approve the medical operations of the emergency medical service provider, as described in application.

Signature of Medical Director *(must be original signature)*

Date *(month, day, year)*

Printed or typed name of Medical Director

License number

Daytime telephone number

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Address *(number and street, city, state, and ZIP code)*

Printed or typed name of provider

Certification number