



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

State Form 56677 (R / 4-19)
INDIANA DEPARTMENT OF HOMELAND SECURITY



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

1. Provide liaison between the local medical community and the emergency medical service provider.
2. Assure compliance with defibrillation training standards and curriculum established by the Indiana Emergency Medical Services Commission.
3. Monitor and evaluate the day to day medical operations of the emergency medical service provider organization.
4. Assist in the continuing education programs of the emergency medical service provider organization.
5. Provide technical assistance concerning the delivery of automated defibrillation and other medical care.
6. Provide individual consultation to the emergency medical personnel affiliated with the emergency medical service provider organization.
7. Participate in the audit and review of cases treated by the emergency medical personnel of the emergency medical service provider organization.
8. Assure compliance with approved medical standards established by the Indiana Emergency Medical Services Commission performed by the organization.
9. Establish protocols for automatic defibrillation, airway management, patient assisted medications, and emergency medical technician-administered medications as approved by the commission.

(Check all levels that apply.)

Emergency Medical Responder (EMR)

Emergency Medical Technician (EMT)

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

E-mail address

Daytime telephone number

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

Printed or typed name of provider organization

Certification number of provider organization