

## Add or Remove an EMS Initial Education Medical Director



GEORGIA DEPARTMENT OF PUBLIC HEALTH

57

## EMS Initial Education Medical Director Responsibilities

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- The medical director must be responsible for medical oversight of the program, and must:
  - Review and approve the educational content of the program curriculum for appropriateness, medical accuracy, and reflection of current evidence-informed pre-hospital or emergency care practice.
  - Review and approve the required minimum numbers for each of the required patient contacts and procedures listed in these Standards.
  - Review and approve the instruments and processes used to evaluate students in didactic, laboratory, clinical, and field internship,
  - Review the progress of each student throughout the program, and assist in the determination of appropriate corrective measures, when necessary.
    - Corrective measures should occur in the cases of adverse outcomes, failing academic performance, and disciplinary action.

GEORGIA DEPARTMENT OF PUBLIC HEALTH

58

## EMS Initial Education Medical Director Responsibilities (Continued)

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- The medical director must be responsible for medical oversight of the program, and must:
  - Ensure the competence of each graduate of the program in the cognitive, psychomotor, and affective domains,
  - Engage in cooperative involvement with the Program Director,
  - Ensure the effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician.
  - Ensure educational interaction of physicians with students.
  - The Medical Director interaction should be in a variety of settings, such as lecture, laboratory, clinical, field internship. Interaction may be by synchronous electronic methods.


## Medical Directors MUST have a profile in LMS


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- You won't be able to add them unless they have a profile.

# EMS Initial Education Program

## Click on Applications

**Test Initial Education Program (ZZZZ)**  
AEMT Program, Paramedic Program View Agencies Applications

**Test Initial Education Program (ZZZZ)**  
AEMT Program, Paramedic Program

Applications	Action
<b>Add Instructional Personnel to EMS Initial Education Program Roster</b> This is the application where an EMS Initial Education Program Director can add Instructional Personnel to the EMS Initial Education Program Roster.	<span style="background-color: #4a7c9c; color: white; padding: 2px 5px;">Apply Now</span>
<b>Add or Remove an EMS Initial Education Medical Director</b> This is the application that you will need to use to add or remove a medical director to/from an EMS Initial Education Program	<span style="border: 1px solid red; border-radius: 50%; padding: 2px;">Apply Now</span>

61

▼ Instructions

**This is the application where you will add or remove Medical Directors to/from the roster for an EMS Initial Education Program. Be sure to click Save and Continue on each page to go to the next page.**

Save and Continue

▼ Program Name

Program Name

EMS Region

Approved Levels

- EMR Program
- EMT Program
- AEMT Program
- Paramedic Program

Save and Continue

62

Medical Director Information

**EMS Initial Education Programs must designate at least one Medical Director**  
Medical Directors **MUST** have an account in the Georgia License Management system (see information posted on [www.mygemsis.org/lms](http://www.mygemsis.org/lms) for how to create a user account).  
Click on **Add Another** to add an additional medical director. Select Primary or Secondary and for each medical director, select "Online Medical Directors"

\*User (Search for Name or email address)  
Find

\*Position  
 Medical Director (Primary)  
 Medical Director (Secondary)  
 Online Medical Directors  
This field is required.

\*Employment Status  
Select Employment Status

\*Employment Start Date  
mm/dd/yyyy Today

Must Choose Primary/Secondary  
AND Online

63

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\*User (Search for Name or email address)  
DavidFake FAKEFAKE (P031081)

\*Position  
 Medical Director (Primary)  
 Medical Director (Secondary)  
 Online Medical Directors

\*Employment Status  
Select Employment Status  
Full Time Paid Employee  
Part Time Paid Employee  
Volunteer  
Neither an Employee Nor a Volunteer

64

## Neither an Employee nor a Volunteer?

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- This is a contracted provider.

65

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▼ Medical Director Agreement Form

Click [HERE](#) to download the medical director agreement form. (Form is under the "Forms and Documents for EMS Initial Education" section)  
Click **Add Another** to add an additional form. You must upload one form for each medical director.

**\*Medical Director Agreement (upload ONE for EACH medical director)**


blank.pdf

**\*Name**

**Document Type**

66

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**Georgia Office of EMS and Trauma**  
**EMS Initial Education Medical Director Agreement**

This form must be completed and uploaded for EACH Medical Director in the EMS Initial Education Program.

**EMS INITIAL EDUCATION PROGRAM & MEDICAL DIRECTOR INFORMATION**

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EMS Initial Education Program Name \_\_\_\_\_

Medical Director Name \_\_\_\_\_ Georgia Medical Board License Number \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Medical Director Email Address \_\_\_\_\_ Medical Director Phone Number \_\_\_\_\_

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**AGREEMENT AND ATTESTATION**

As the physician named above, I hereby attest that I am a physician licensed to practice medicine in the State of Georgia and that I have agreed to serve as the Medical Director for the above-identified EMS Initial Education Program. This agreement is valid for a maximum of three (3) years from the date of signing and must be renewed in conjunction with the renewal of the program's designation as an EMS Initial Education Program.

As Medical Director, I will provide medical direction and training in conformance with O.C.G.A. 31-11, Department Rules and Regulations, and Policies established by the Office of Emergency Medical Services and Trauma. I have read and do hereby affirm that I understand and will abide by all requirements contained therein. If I should decide to relinquish my role as Medical Director, I will notify the Department of Public Health (DPH), Office of Emergency Medical Services and Trauma (address below), and the EMS Initial Education Program in writing not less than ten (10) calendar days prior to the termination of the agreement.

Office of EMS and Trauma  
Georgia Department of Public Health  
1680 Phoenix Boulevard, Suite 200  
Atlanta, GA 30349  
Email: [emsdirector@dpb.dph.ga.gov](mailto:emsdirector@dpb.dph.ga.gov)

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**SIGNATURES - ALL SIGNATURES MUST BE ORIGINAL**

Printed Name of EMS Program Director _____	Signature of EMS Program Director _____	Date Signed _____
Printed Name of EMS Medical Director _____	Signature of EMS Medical Director _____	Date Signed _____

Form REV 11/15/2020

67

▼ Attestation

Current OEMS Policies and Procedures and a link to current Rules and Regulations are available at: [www.ems.ga.gov](http://www.ems.ga.gov) - on the left, click on EMS Policies, Rules and Regulations

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CURRENT OEMS RULES AND REGULATIONS, DPH 511-9-2, SPECIFICALLY THE SECTIONS RELATED TO EMS INITIAL EDUCATION PROGRAMS AND STANDARDS OF CONDUCT FOR LICENSEES, AS WELL AS THE RULES RELATED TO MEDICAL DIRECTION. I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND CURRENT OEMS POLICIES AND PROCEDURES, SPECIFICALLY, THOSE THAT APPLY TO EMS INITIAL EDUCATION PROGRAMS. I ALSO ATTEST THAT THE INFORMATION IN THIS APPLICATION IS TRUE, AND THAT I WILL NOTIFY THE OFFICE OF EMS AND TRAUMA THROUGH THIS LICENSE MANAGEMENT SYSTEM OF ANY CHANGE IN THE FOLLOWING WITHIN 10 DAYS OF THE CHANGE:

- MY PROGRAM DEMOGRAPHICS
- INSTRUCTIONAL PERSONNEL
- MEDICAL DIRECTOR
- MAILING ADDRESS
- TELEPHONE NUMBER
- EMAIL ADDRESS

I UNDERSTAND THAT ANYONE WHO MAKES FALSE STATEMENTS TO THE DEPARTMENT MAY BE SUBJECT TO CRIMINAL PROSECUTION UNDER OFFICIAL CODE OF GEORGIA SECTION 16-10-20; AND, THAT FALSE STATEMENTS MAY FURNISH GROUNDS FOR THE DENIAL OR REVOCATION OF A LICENSE OR DESIGNATION.

\*Attestation Signature

Username: DNewton

Password:

Submit

68