



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

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

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: oems-licensing@dph.ga.gov

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