



# Georgia Office of EMS and Trauma Pharmacy Agreement

**EMS AGENCY NAME:** \_\_\_\_\_

**PHARMACY INFORMATION (complete all fields) – Pharmacy must be licensed in Georgia**

Pharmacy Name	Pharmacy License Number	Pharmacy Phone Number	
_____	_____	_____	
Pharmacy Address	City	State	Zip code
_____	_____	_____	_____

**PHARMACIST/WHOLESALER INFORMATION (complete all fields)**

Pharmacist or Wholesaler Contact Name	Pharmacist License Number	Phone Number
_____	_____	_____

**AGREEMENT**

This is an agreement between the above-listed agencies relative to the control, procurement, handling, and accountability of drugs and intravenous fluids (IVs). Attached to this document are copies of all appropriate agreements and contracts between the above-mentioned EMS Provider and Georgia Licensed Pharmacy or Wholesaler and a list of pharmaceutical agents approved for use, and related policies established and signed by the Medical Director of the licensed emergency medical service provider (“EMS Medical Director”). **This agreement will be valid for a maximum of twenty-five (25) months from the date of signing and must be renewed in conjunction with the license renewal, prior to the expiration of the twenty-five (25) months.**

The pharmacy entering into this Agreement agrees to supply drugs and/or IVs to the EMS Provider in accordance with O.C.G.A. § 26-4-116. A wholesaler entering into this Agreement agrees to distribute drugs and/or IVs to the above-referenced EMS Provider in accordance with O.C.G.A. § 16-13-72 and GA. Comp. r. & Regs. r. 480-7-.03(5) of the Rules of the State Board of Pharmacy. A pharmacy/wholesaler is also required to abide by the policies of the State Office of Emergency Medical Services and Trauma (OEMS) and the EMS Medical Director’s instructions. The drugs and IVs approved for use will be treated as standard ward inventory, as defined by the Rules of the State Board of Pharmacy (Chapter 480-13). In the event that there are any local policies developed related to the procurement, control, storage, handling, accountability, and/or administration of pharmaceuticals, which conflict with the GA. Comp. r. & Regs. r. 511.9-2 of the Rules of the Department of Public Health (DPH) and the policies established policies are more stringent. Copies of this agreement shall be maintained by the pharmacy or Wholesaler, EMS Medical Director, and EMS Provider. The original will be given to the DPH and OEMS.

If for any reason this contract is canceled or otherwise changed at any time, the Pharmacy and licensed EMS provider shall notify OEMS in writing no later than ten (10) days prior to such change or cancellation.

**SIGNATURES – ALL SIGNATURES MUST BE HANDWRITTEN WET SIGNATURES**

Printed Name of Authorized Agent	Signature of Authorized Agent	Date
_____	_____	_____
Printed Name of EMS Medical Director	Signature of Medical Director	Date
_____	_____	_____
Printed Name & Title of Pharmacist/Wholesaler	Signature of Pharmacist/Wholesaler	Date
_____	_____	_____