



North Country Regional Emergency

Medical Advisory Committee

"Serving Jefferson, Lewis & St. Lawrence Counties"

www.ncemsprogramagency.org

Medical Director Statement of Agreement

I hereby agree to serve as the Medical Director for:

_____.
(name of agency)

I understand that all patient care will be provided under my license, in accordance with NYS and North Country REMAC regional protocols and training guidelines, except in cases of gross negligence resulting in injury or death. *Upon signing this document, I agree to:*

- Provide and/or assist with annual Naloxone in-services/updates and training
- Annually renew the Naloxone agreement with this agency
- Participate in Q.I., and review all calls in which Naloxone was administered and any other calls as necessary
- Provide medical leadership
- Act as a resource for continuing education
- Remain familiar with regional and NY State BLS protocols

MD signature: _____

MD name printed: _____

Date: _____ MD daytime phone #: _____

MD address: _____
