



NASSAU REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE

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Mineola, NY 11501

Phone: 516-542-0025
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AGENCY MEDICAL DIRECTOR LETTER OF AGREEMENT

I Dr. _____ am serving as medical director in accordance
with NYS PHL Article 30 for _____ (agency name), as of

(Effective date)

Physician's Signature

Authorized Agency representative Signature
(Chief, President, Chair of Board, etc.)

License #

(Type/Print Name and Title)