



NASSAU REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE

131 Mineola Boulevard, Suite 105
Mineola, NY 11501

Phone: 516-542-0025
FAX: 516-542-0049
Website: www.nassauems.org

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)

Agency Medical Director Information

_____ Date

Agency Name _____

AGENCY LEVEL EMT-P **AEMT**
OF CARE: EMT-CC BLS PROVIDER

MEDICAL DIRECTOR NAME: _____

MEDICAL DIRECTOR'S ADDRESS: _____

(This must be an address that confidential medical information can be sent to — NOT the Agency address.)

MEDICAL DIRECTOR'S CREDENTIALS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

*DEPARTMENT CONTACT NAME
AND TITLE:* _____

DEPARTMENT CONTACT PHONE NUMBER: _____

DEPARTMENT CONTACT E-MAIL: _____

Please mail this document to: Nassau Regional Emergency Medical Advisory Committee
131 Mineola Boulevard, Suite 105
Mineola, NY 11501-3919

Or fax to (516) 542-0049

Or e-mail to: REMSCo@nassauems.org