Medical Director Agreement
FOR
Epinephrine Pen Auto Injector

☐ Licensed **BLS Ambulance Service**
☐ Recognized **QRS Service**

TITLE: **Epinephrine Pen Medical Director**

RESPONSIBLE TO: **Regional Medical Director**

PURPOSE POSITION: **To provide service-level Epinephrine pen medical direction and quality improvement review of Epinephrine pen activity.**

RESPONSIBILITIES:

- **Verify that BLS service meets epinephrine auto-injector training requirements.**
- **Authorize Epinephrine Pen providers and maintain a current roster**
- **Identify skill maintenance requirements**
- **Quality Improvement review of EVERY case of epinephrine auto-injector use by an EMT**
- **Issue script for purchase of Epinephrine pen**
- **Monitor compliance with monthly reconciliation of Epinephrine Auto-Injector pen**

QUALIFICATIONS:

- **Currently Pennsylvania licensed* physician - MD or DO**
- **Board certified in Emergency Medicine/ OR currently certified ACLS provider;**
- **Approved by the Regional Medical Director.**

I, _____, do hereby acknowledge and accept the position of Medical

Director for _____ (*service*) and all responsibilities as listed above.

I authorize EMMCO West, Inc., or its designated agent to verify my compliance with the above information.

_____	_____	_____
(Signature)	**License Number**	**Date**

Current Pennsylvania MD/DO License;
Board Certification in Emergency Medicine; OR
Current AHA ACLS Provider certification.