Glucometer Testing Program

Agency Letter of Intent for Participation in the Glucometer Program

We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of agency*), hereby request permission to participate in the Glucometer Testing Program.

*We agree to abide by the following*:

* EMS agency will apply for a CLIA certificate of waiver and maintain a current CLIA certification.
* All agency EMS Providers will be trained to use the Glucometer and all necessary equipment will be made available.
* All providers authorized to use the Glucometer will pass a Glucometer exam and competency skill testing.
* All agency personnel must follow all policies, procedures and protocols set forth by the agency.
* Our agency will maintain all annual Glucometer updates with competency skill testing for all active providers.
* EMS agency will use a certified calibrated thermometer to ensure test strips and control solutions are stored at manufactures recommended temperatures.
* Our agency agrees to follow all manufacturers’ specification regarding the use, maintenance and testing of the Glucometer and keep a record of same.
* Our agency agrees to dispose of all sharps in accordance with all applicable agency policies.
* If our agency, or one of our personnel, disregards these guidelines and/or other applicable protocols, the privilege of providing Glucometer testing may be revoked or suspended by the agency.
* Any changes to the required agency information will be reported to Nevada State EMS Program and to CLIA by submitting a CMS form 116 within 30 business days.

The signatures below certify that the above conditions will be maintained and that we will be responsible for all aspects of participation in this program.

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*EMS Coordinator Agency Medical Director*