

## PHYSICIAN DIRECTOR AGREEMENT

I, \_\_\_\_\_ M.D./D.O.,  
a physician licensed to practice medicine in Nevada, do hereby agree to serve as the agency  
Medical Director for \_\_\_\_\_  
on a continuing basis for a period of one (1) year. I further agree to notify the  
agency, Division of Public and Behavior Health of any change in status of this Agreement at  
least 30 days prior to any change as per NAC 450B.505 6 (a).

It is understood that I will be responsible for

- a) Establishment, implementation and evaluation of medical standards for pre-hospital emergency care provided by this agency.
- b) Confirm proficiency levels for personnel of the service.

It is further understood that I may also establish or approve:

- a) Medical protocols and policies for this agency.
- b) Educational programs within the service that is consistent with state standards.
- c) Medical standards for dispatch procedures for this agency.
- d) Standing orders that direct emergency care prior to initiating contact with a physician.
- e) A system of medical quality improvement for this agency.
- f) Suspension of a licensed attendant from duty within the agency pending review and evaluation by the Division.

\_\_\_\_\_  
Agency Medical Director (Print)

\_\_\_\_\_  
Agency Medical Director (Signature)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Date