



**EMERGENCY MEDICAL SERVICE PROVIDER  
AIR AMBULANCE – MEDICAL DIRECTOR APPROVAL**

State Form 55586 (3-15)  
INDIANA DEPARTMENT OF HOMELAND SECURITY



**The duties and responsibilities of the medical director shall include, but not be limited to:**

1. Assuming all medical control and authority over any and all patients treated and transported by the rotocraft and/or fixed-wing air ambulance service.
2. Providing liaison with physicians.
3. Assuring that drugs, medications, supplies, and equipment are available to the advanced life support rotocraft and/or fixed-wing air ambulance service provider organization.
4. Monitoring and evaluating overall medical operations.
5. Assisting in the coordination and provision of continuing education.
6. Providing information concerning the operation of the advanced life support rotocraft and/or fixed-wing air ambulance service provider organization to the commission.
7. Providing individual consultation to the air-medical personnel.
8. Participating on the medical control committee of the supervising hospital in at least quarterly audit and review of cases treated by air-medical personnel.
9. Attesting to the competency of air-medical personnel affiliated with the advanced life support rotocraft and/or fixed-wing air ambulance service provider organization.
10. Designating an individual(s) to assist in the performance of duties.

This is to affirm that as Medical Director, I have reviewed and do accept the duties and responsibilities as described. I approve the medical operations of the air-medical ambulance service organization as described in the Air Ambulance Provider Application.

Signature of Medical Director *(must be original signature)*

Date *(month, day, year)*

Printed or typed name of Medical Director

License number

Daytime telephone number

(      )

Address *(number and street, city, state, and ZIP code)*

Printed or typed name of provider

Certification number