



## Medical Director Skill Assessment Verification Designee

Ambulance Service Name: \_\_\_\_\_ OEMS License No: \_\_\_\_\_

**Minnesota Statutes 144E. Subd. 3. Medical Requirements.** Annually, the medical director or the medical director's designee shall assess the practical skills of each person on the ambulance service roster and sign a statement verifying the proficiency of each person. The statement shall be maintained in the licensee's files.

I, \_\_\_\_\_, as medical director for \_\_\_\_\_ Ambulance Service authorize the following person(s) to act as my designee(s) for the purpose of annual skill verification. This may include, but is not limited to:

---

---

---

---

---

---

### Signature

Medical Director: \_\_\_\_\_  
(Print Name)

MN Physician License #: \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Original Signature)