



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: _____
(Original Signature)

Date: _____