AGREEMENT TO PROVIDE SERVICES AS AN EMERGENCY RECEIVING CENTER

In consideration of designation as a Emergency Receiving Center for the period of ______________ through ________________, __________________________ agrees to continually meet all applicable standards established in the:

- Orange County Emergency Medical Services (OCEMS) policies and procedures, and to
- Cooperate with OCEMS in data gathering and system evaluation, and to
- Allow periodic inspections by the OCEMS medical director or his designee to ensure compliance with criteria during the period of designation.

I have read and understand OCEMS Policy/Procedure #600.00 (Emergency Receiving Center Criteria) and the terms of this designation.

Signed: ___________________________________________   Date: ________________

Administrator

Signed: ___________________________________________   Date: ________________

Chief of Medical Staff

Signed: ___________________________________________   Date: ________________

Emergency Department Physician Director

Signed: ___________________________________________   Date: ________________

Emergency Department Nursing Director/Manager

OCEMS POLICY
Original Date: 12/1996
Reviewed Date(s): 8/3/2000; 4/1/2015
Revised Date(s): 8/3/2000; 2/2004 (reformatted); 4/1/2015
Effective Date: 4/1/2015

OCEMS Policy #655.00   Effective Date: April 1, 2015