AGREEMENT TO PROVIDE SERVICES AS A
COMPREHENSIVE CHILDRENS EMERGENCY RECEIVING CENTER

In consideration of designation as a Comprehensive Children’s 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 #680.00 (Comprehensive Children’s 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: 4/1/2013
Reviewed Date(s): 4/1/2013
Revised Date(s): 4/1/2013
Effective Date: 4/1/2015

OCEMS Policy #655.01 Effective Date: April 1, 2015