**APPENDIX E**

**EMERGENCY MEDIAL SERVICES PROVIDER -**

**QIC LEADERSHIP INFORMATION SHEET**

**Name of Provider:** Click here to enter text.

**Office Physical Address:** Click here to enter text.

**Office Mailing Address:** Click here to enter text.

**Office Phone Number:** Click here to enter text.

**Office Fax Number:** Click here to enter text.

**Chief/Manager:** Click here to enter text.

**Chief/Manager:** **Cell Phone:** Click here to enter text.

**Chief/Manager:** **E-Mail:** Click here to enter text.

**Service Medical Director (SMD):** Click here to enter text.

**SMD: Phone Number:** Click here to enter text.

**SMD: E-Mail:** Click here to enter text.

**Quality Improvement (QI) Coordinator:** Click here to enter text.

**Quality Improvement (QI) Coordinator:** **Cell Phone:** Click here to enter text.

**Quality Improvement (QI) Coordinator: E-Mail:** Click here to enter text.

**EMS Training Officer:** Click here to enter text.

**EMS Training Officer:** **Cell Phone:** Click here to enter text.

**EMS Training Officer: E-Mail:** Click here to enter text.

The undersigned agrees to the six Key Principles of the attached Quality Plan – Continuous Quality Improvement, Patient – Centered Care, Collaboration, Organizational Improvement, Accountability, and Professional Development.

**By:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chief/Manager**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Medical Director**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Quality Improvement Coordinator**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMS Training Officer**