

NORTH COAST EMS
MEMORANDUM OF UNDERSTANDING FOR DESIGNATION AS A
HELICOPTER SERVICE PROVIDER AGENCY

This agreement is made and entered into this _____ day of _____, 2000 by and between **North Coast Emergency Medical Services**, 86 E Street, Eureka, California, hereinafter referred to as “**NCEMS**”, and _____, hereinafter referred to as “**PROVIDER**”.

IT IS MUTUALLY AGREED AS FOLLOWS:

I. Term:

This agreement shall begin on _____, and terminate on _____, and shall be automatically renewed on an annual basis unless terminated by either party giving thirty (30) days written notice to the other party.

II. **PROVIDER** Agrees:

- A. To make patient destination decisions in concurrence with ground personnel and base hospital in the **NCEMS** region.
- B. To utilize and maintain a drug and solution inventory, supplies, and basic and advanced life support equipment including, but not limited to, drug box, MAST suit, airways, suction device, cardiac monitor-defibrillator, and MedNet radio.
- C. To assure that participating helicopter medical personnel maintain EMT-II, paramedic (EMT-P) or Mobile Intensive Care Nurse (MICN) certification in good standing in their county of origin.
- D. To comply with other program requirements, including all applicable State regulations and **NCEMS** policies and procedures as they relate to helicopter service participation including, but not limited to, patient charting using **NCEMS** Prehospital Care Report (PCR) forms, or an equivalent form from the county of origin. Documentation shall be submitted to the receiving hospital along with the patient. The completed PCR's shall be sent to **NCEMS** on the first of every month, in accordance with **NCEMS** policy, whether or not the patient is delivered to a facility outside **NCEMS** region.
- E. That failure to comply with this agreement will lead to denial, suspension, or revocation of approval as a helicopter service provider.

III. Designation by **NCEMS**:

Execution of this agreement by all the parties designates **PROVIDER** as an approved Helicopter Service Provider by **NCEMS**.

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(continued)

EXECUTED BY THE PARTIES

By: _____ Date _____
For PROVIDER

Printed Name Title

By: _____ Date _____
For NCEMS

Larry Karsteadt _____
Printed Name Title
Director