2016 SQUAD LEADER AGREEMENT

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 52195 (01/2016)

INSTRUCTIONS: This form may be completed electronically or by hand. This form must be completed upon ambulance licensure or anytime there is a change in squad leader. A current squad leader agreement must be on file for each service at all times.

SERVICE SQUAD LEADER

First Name		Last Name	MI
Street Address / PO Box		City	
State	ZIP Code	Telephone Number	
ND EMS Number			
Name of Ambulance Service			

I, the above-named EMS professional, agree to function as Squad Leader for the above-named Ambulance Service, its associated substation units and/or Quick Response Unit(s). As Squad Leader I understand that I am responsible for ensuring compliance with all rules and regulations in regards to ambulance licensure requirements for the above named ambulance service and its associated substation(s) and/or Quick Response Unit(s). It is my duty to maintain updated service information with the Division of Emergency Medical Systems including updating the service address and contact information as well as the service personnel and vehicle rosters as needed.

The expiration date of this agreement will coincide with the expiration date of the ambulance or may be terminated upon written notification to the Division of Emergency Medical Systems.

Squad Leader Signature	Date

If this is a change in squad leader, complete the section below:

- ☐ Remove previous Squad Leader from service roster.
- ☐ Maintain previous Squad Leader on service roster, changing status to 'service member'.

New Squad Leader Signature	Date
Outgoing Squad Leader Signature (If applicable)	Date
Other Authorized Signature (If outgoing squad leader signature is unavailable.)	Date