

Sample Letter Requesting Change of PMD

Inside Address

Nebraska Health and Human Services System
Credentialing Division-Emergency Medical Services
301 Centennial Mall South
P.O. Box 94986
Lincoln, Nebraska 68509-4986

RE: Change of Physician Medical Director

Dear Madam;

In compliance with the State of Nebraska Rules and Regulations Relating to: Emergency Medical Services Title 172 NAC 12, Section 12-008 the (Name of Service) is submitting this letter requesting the change of Physician Medical Director (PMD).

The termination date of the service's present PMD will be (Month, Day, Year) and (Name of new PMD) will be assuming the role of PMD for (Name of Service) starting (Month, Day, Year). In my capacity as PMD I understand that my responsibility is to insure that the (Name of Service) conducts all procedures in accordance with the current statutes and regulations.

Thank you for recognizing my letter of acceptance to serve as the Physician Medical Director for the (Name of Service).

Sincerely

PMD's Name (typed)

Physician Medical Director's Signature

Date

EMS Officer's Signature

Date