Physician Medical Director/Surrogate Competency Attestation

I, _____, physician medical director (PMD) or surrogate for _____, hereby attest that each of following licensed emergency care providers are competent to perform skills I have authorized for use by this emergency medical service.

Name	License Level	License #
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PMD/Surrogate Signature:

Printed Name: **Date:**

Name	License Level	License #
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