

# *Medical Director Skills Verification Delegation of Signature Authority*

## *Idaho Emergency Medical Services Bureau*



Send completed form to Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036 or  
Fax to 208-334-4015

This form should be completed for each EMS Agency where the medical director wishes to delegate authority to sign on his or her behalf for EMS personnel skills verification. By signing this form, the Medical Director is not released from legal responsibility for verification of personnel skills and knowledge necessary to provide safe and effective patient care at the EMR/EMT level.

I authorize \_\_\_\_\_ to sign skills verification on my behalf.  
(Print designee name)

I authorize \_\_\_\_\_ to sign skills verification on my behalf.  
(Print designee name)

I authorize \_\_\_\_\_ to sign skills verification on my behalf.  
(Print designee name)

Medical Director name (please print): \_\_\_\_\_

Agency: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward the completed form to the Idaho EMS Bureau.