

**AGREEMENT TO PROVIDE SERVICES AS AN
EMERGENCY RECEIVING CENTER**

In consideration of designation as a Emergency Receiving Center for the period of _____ through _____, _____ agrees to continually meet all applicable standards established in the:

- Orange County Emergency Medical Services (OCEMS) policies and procedures, and to
- Cooperate with OCEMS in data gathering and system evaluation, and to
- Allow periodic inspections by the OCEMS medical director or his designee to ensure compliance with criteria during the period of designation.

I have read and understand OCEMS Policy/Procedure #600.00 (Emergency Receiving Center Criteria) and the terms of this designation.

Signed: _____
Administrator

Date: _____

Signed: _____
Chief of Medical Staff

Date: _____

Signed: _____
Emergency Department Physician Director

Date: _____

Signed: _____
Emergency Department Nursing Director/Manager

Date: _____

OCEMS POLICY
Original Date: 12/1996
Reviewed Date(s): 8/3/2000; 4/1/2015
Revised Date(s): 8/3/2000; 2/2004 (reformatted); 4/1/2015
Effective Date: 4/1/2015