

**AGREEMENT TO PROVIDE SERVICES AS A
COMPREHENSIVE CHILDRENS EMERGENCY RECEIVING CENTER**

In consideration of designation as a Comprehensive Children's 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 #680.00 (Comprehensive Children's 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: 4/1/2013
Reviewed Date(s): 4/1/2013
Revised Date(s): 4/1/2013
Effective Date: 4/1/2015