Genesee County Medical Control Authority
Letter of Compliance

Agency Name: _____ Applicable Year: _____

1. Current license by the State of Michigan:
   ☐ ALS ☐ LALS ☐ BLS ☐ MFR
2. Agency personnel shall be trained and licensed in accordance with appropriate statutes and rules (i.e. state and GCMCA).
3. Agency will maintain medical supplies, communication equipment, procedures and protocols consistent with the state and GCMCA.
4. Agency will ensure minimum staffing requirements for vehicle level of service and dispatch consistent with state and GCMCA.
5. Agency agrees to ensure timely and complete monthly submission of records and reports to the GCMCA for PSRO review as is set by GCMCA protocol; and to respond timely (as set by GCMCA PSRO Committee) to peer review case, trend, and/or protocol concern inquiries which may include submission of run records, reports, explanation, corrective action plans, and/or presentation of agency personnel to the committee.
6. Agency agrees to respond collegially and timely to GCMCA PSRO Committee recommendations for improvement in accordance with the GCMCA protocols for review and corrective actions.
7. The agency has a system based upon GCMCA protocols to ensure the appropriate dispatching of life support vehicles based on medical need and capability of the Genesee County Emergency Medical Services System and consistent with the Genesee County mutual aid and efficiencies of the ALS intercept system.
8. Agency will ensure 75% attendance to GCMCA Committee and Subcommittee meetings in which it has an assigned representative member.
9. Any agency that does not comply with the above could be subject to the sanctions outlined in the current GCMCA protocols.

We acknowledge that each criteria and verification are subject to inspection by a GCMCA representative at any time. Should cause exist, the GCMCA and or GCMCA Medical Director or designee may request formal verification.

_____
Authorized Agency Representative
(Printed Name)

_____
Authorized Agency Representative
(Signature)

_____
Title

_____
Date

_____
GCMCA Medical Director
(Signature)

_____
Date of Receipt