



National Association of EMS Physicians®  
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## NAEMSP Medical Direction Overview Course™ Agreement

National Association of EMS Physicians® (NAEMSP®) and \_\_\_\_\_ (Host) hereby agree to the following:

1. **Course** - Host shall schedule the NAEMSP® Medical Direction Overview Course™ (MDOC) in [city, state] on [day/date].
2. **Fee** - Host shall pay NAEMSP® the course fee of \$3,500 no less than sixty (60) days prior to the course.
3. **Faculty** - NAEMSP® will select faculty from a panel of speakers selected by the current Board of Directors. One additional speaker, selected by the Host, can be from the local area and may speak for at least one hour of the curriculum.

The assigned faculty for your course (subject to change) is:

Faculty 1

Faculty 2

4. **Arrangements** - Host shall:
  - ) Arrange for facility in which the course shall be held, with arrangements for a laptop computer and LCD projector and screen set-up;
  - ) Book and pay for faculty lodging;
  - ) Pay for transportation\* for all assigned faculty;
  - ) Market the course as desired;
  - ) Print the course syllabus/handouts which will be provided by NAEMSP® for distribution to participants;
  - ) Handle registration, and
  - ) Provide for onsite coordination for the course and faculty.

\*NAEMSP® faculty will book their travel through the NAEMSP® travel service that will direct-bill NAEMSP®. NAEMSP® will then bill the Host for these expenses. Please note that if the Host does not make local ground transportation arrangements, there may other transportation expenses for the faculty that the Host will be responsible for and will be billed for by NAEMSP®.

4. **Fee** - For the fee of \$3,500, NAEMSP® shall schedule the faculty, pay the faculty honorarium, supply one (1) complete course syllabus in PDF format to be reproduced by Host for distribution to the participants, advertise the course in each issue of *NAEMSP News* sent prior to the course date as well as on the Web site [www.NAEMSP.org](http://www.NAEMSP.org); and provide the course evaluation options and contact hour certificate.

5. **Participation** - If more than 30 participants attend the course, there will be a fee of \$25.00 assessed for each participant beyond the initial 30 participants for continuing education (Category I ACEP hours) fee purposes as needed. If 30 or fewer participants require continuing education credit, no additional fee will be assessed.
6. **Publicity** - NAEMSP® shall provide one (1) mailing list of members in the Host's geographic area free of charge, upon receipt of a signed copy of this agreement. Additional requests for the mailing list shall be charged at a 10% discount off the regular rental cost.
7. **Accreditation** - The NAEMSP® Medical Direction Overview Course™ has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Medical College of Wisconsin and the National Association of EMS Physicians®. The Medical College of Wisconsin is accredited by the ACCME to provide continuing medical education for physicians.

Designation of Credit Statement: The Medical College of Wisconsin designates this live activity for a maximum of 7.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This course is approved by the American College of Emergency Physicians (ACEP).

8. **Evaluation** - NAEMSP® shall provide contact hour credits and use an electronic evaluation process. A link for the evaluation will be sent to the participants the next business day following the course. Host will provide email addresses to NAEMSP® for this purpose at least one week prior to the course.
9. **Cancellation** - The NAEMSP® Medical Direction Overview Course™ may be cancelled without penalty if NAEMSP® is notified no less than 60 days prior to the scheduled date of the course. Cancellation of the NAEMSP® Medical Direction Overview Course™ no less than 30 days prior to the scheduled date will result in a 50% refund of the fee. Within 30 days of the scheduled course, no refund will be granted.

The persons signing this Agreement warrant that they are authorized to execute this document.

For National Association of EMS Physicians® (NAEMSP®)

\_\_\_\_\_  
 Jane Brice, MD, MPH  
 President – NAEMSP®

\_\_\_\_\_  
 Date

FOR [sponsoring agency]

\_\_\_\_\_  
 Representative Name

\_\_\_\_\_  
 Date